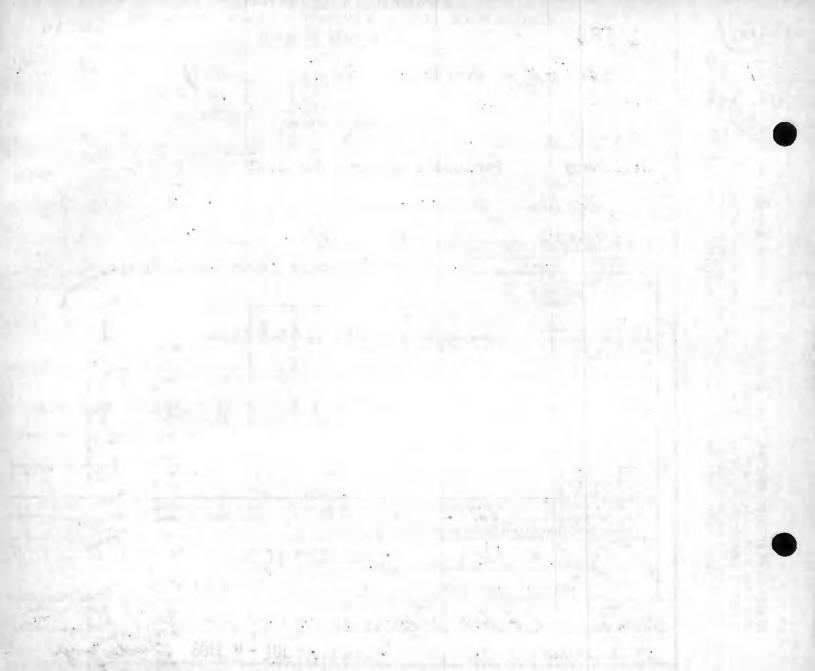
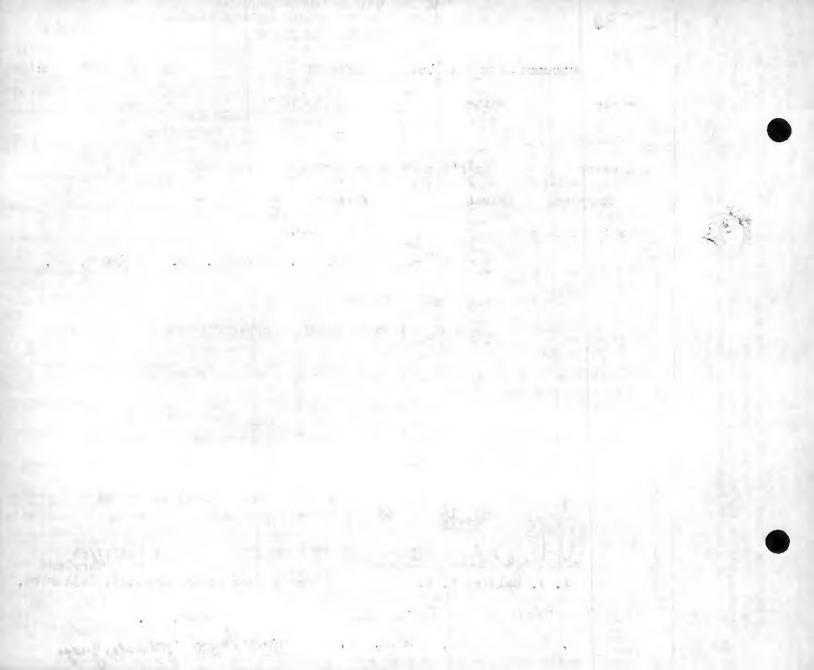
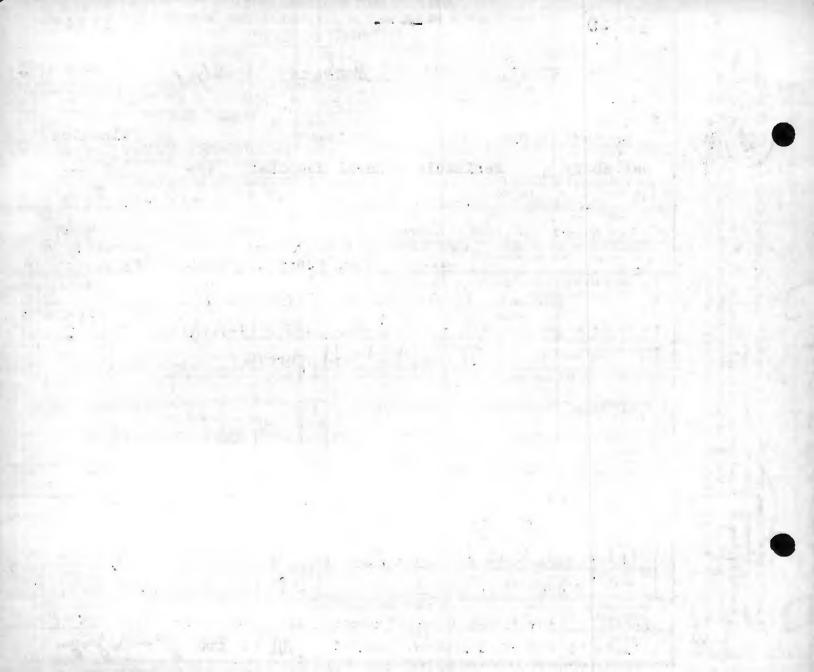
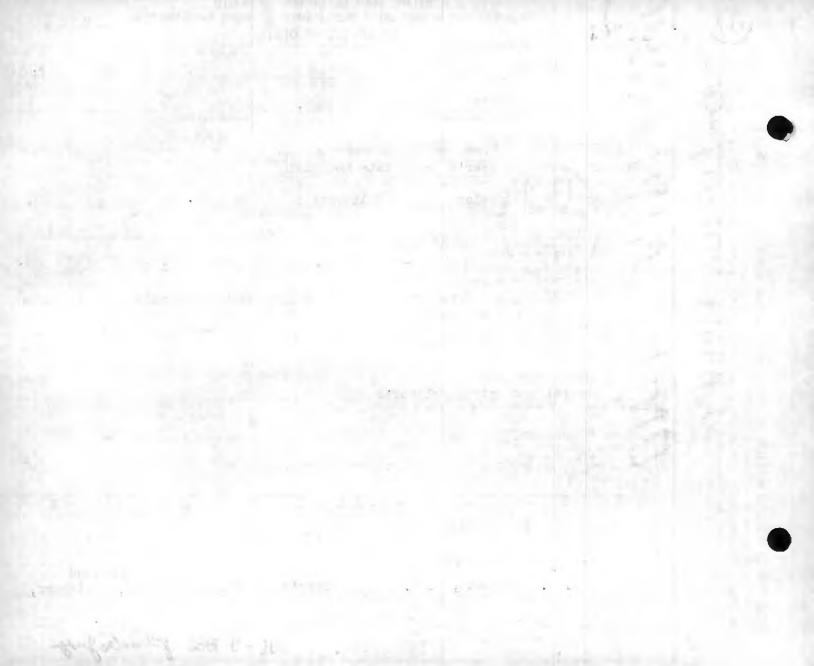
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10746 CERTIFICATE OF DEATH DECEASED-NAME Middle Lost 2n DATE OF DEATH 2b. HOUR and in any event, within 72 hours after deoth. uneral (Type or print) Month 4. RACE 3. SEX-S. DATE OF BIRTH 6. AGE (In years 1E LINDER 1 YEAR IF LINDER 24 MRS last birthday) 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED T NEVER MARRIED Wicomico WIDOWED X DIVORCED [ popel 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR General Hospitanst of working life, even if retired.) INDUSTRY Salisbury remove carbon 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before I3d. INSIDE CITY LIMITS? 13c. CITY OR TOWN 13e. STREET AND NUMBER requires that the deoth certificate be executed admission) STATE 13b. COUNTY YES X NO 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First Lost WELL 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Address (If yes give war ar dates of service) Yes, no. or unknown) buriol, cremation, or removal, VAUGHN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-tronsit p Conditions, if any, which gave ) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 may be retained by the hospital or attending director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20n. AHTOPSY? CAUSES OF DEATH? YES [ NO [ FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. detached 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County While Nat while at work . ta , that (I) (we) last and that in (my) (our) opinion death occurred on the date and hour and from the saw the deceased olive on\_ couses stated above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED STAFF ATTENDING DIRECTOR PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) ARN 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE. (State) (County) REMOVAL (Specify) 9 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR OM REVALLOR 1968

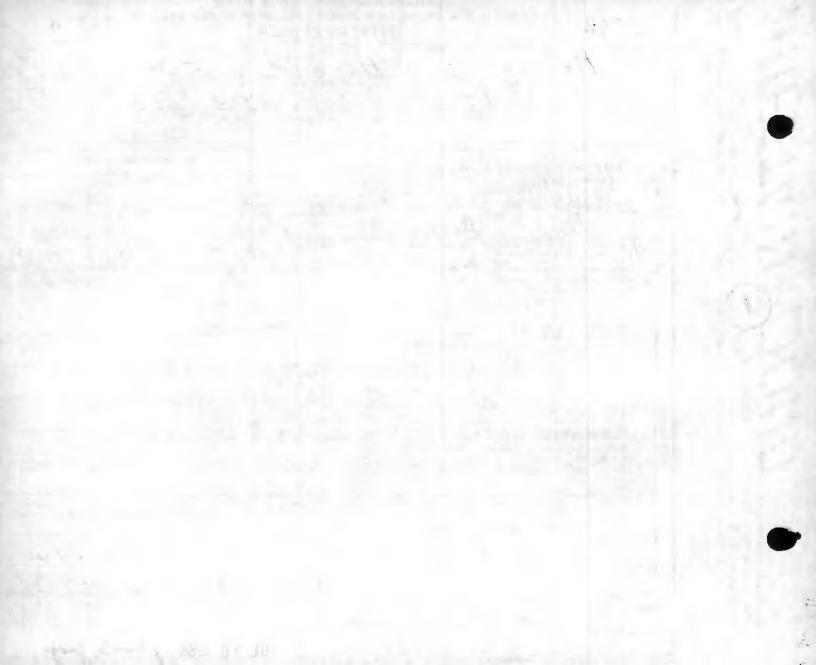








August 1	1	MARILAND STATE DEFARIMENT OF TRALITY
h		10742 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH
		CERTIFICATE OF DEATH
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eral eral	(	ype or print) MERBERT HRMWOOD JULY 1868 835M
p in op in	3. 5	X 4 RACE . S. DATE OF BIRTH 6. AGE (In yours I FUNDER 1 YEAR I OF UNDER 24 HRS.
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rin 24 filled pape thin 72		ITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during myost at working life, even if retired.)  12b. KIND OF BUSINESS OR during myost at working life, even if retired.)
with bound		allsbury-Peninsula General Hospital Labor
equires that the death certificate be executed within 24 haurs after death, physician. signed by the attenting physician and campletely filled in by the funeral burial-transit permit. Then please remave carbon papers. Capes I and 2 burial, crematian, or remaval, and in any event, within 72 haurs after death.	odm	USUAL RESIDENCE (Where deceased lived, if institution: Residence before ission) STATE A 13b. COUNTS and the state of the s
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certifi g phy Then mava		18. CAUSE OF DEATH (Enter only one cause per lige for (a), (b), and (c),
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OR ATTENDING PHYSICIAN: The law requires that be retained by the haspital ar attending physician.  SIRECTOR: After this certificate has been signed by the 3 shauld be detached far use as the burial-transed with the State Dept. of Health priar to burial, crem	MEDICAL	TOR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examiner) P.M. 19
VSI lasp cert cert thed	MED	21d. INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACIORY, ) 21f. LOCATION Street or R.F.D. No. City or Town County State
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NG ter ter tote	П	22a. 1 certify that (1) (this hospital) attended the deceased from 7/2, 19 (27, ta 7//6, 19 (67, that (1) (sup) last
ND Sed b		saw the deceased alive an 19 for and that is (my) (our) apinian death accorred an the date and haur and fram the causes stated above, (I) (we) (did) (did not) view the bady after death.
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OR A DIRECTOR A SISTEMANT SINGLE SISTEMANT SIS		22b. SIGNATURE MED. STAFF DIRECTOR DIRECTOR DIRECTOR DIVISION DIRECTOR DIVISION DIRECTOR DIVISION DIRECTOR DIVISION DIRECTOR DIVISION DIRECTOR DIVISION DIVISIONI
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HOS Be 4 FUN	230	RIPIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d ADCATION (City or Town) (Coundy) (State)
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VR A13 V4) 30M REV. 1768	24	FUNERAL DIRECTOR 250. REGISTRAR 250. REGISTRAR'S SIGNATURE 250. REGISTRAR'S
30M KEY, 1/68	الاب	Villiam It James II 258 Church St. Tr Unne Md DATEJUL 26 1968 Schooles Judge



	It	em 18 Film 408 1-9-69amemaryland State Department Of Health
	1	TO IN THE STATE OF ST
No.	1	CERTIFICATE OF DEATH
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£/486£	1, ,	Months Day's Hours Min
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s. Py		BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH
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with ban wit		Salisbury Peninsula General Hospital of working life, even if retired   INDUSTRY COAL MINIER
PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a haspital ar attending physician.  It is certificate has been signed by the attending physician and campletely filled in by fine stacked far use as the burial-transit permit. Then please remave carbon papers. Por concepts of Health prior to burial, crematian, or remaval, and in any event, within 72 hours and	13o odn	LISUAL RESIDENCE (Where deceased liver), if instituting Residence before 130 (ITY OR TOWN 13d ASIDE CITY LIM TS) 13e STREET AND NUMBER 135 COUNTY 5 455 EX GEORGE TOWN YES NO 209 WILSON 51
e exe and c remo	14	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost
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phy avai.	$\perp$	075
The second secon		18. CAUSE OF DEATH (Enter on y one cause per line for (a), (b), and (c)) , Miliary tuberculosis of BETWEEN ONSE AND DEATH
4 点。		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) / Halanonbeks / Heinar As 1 ks/ Lungs
de de lifter n', o		DUE TO, OR AS A CONSEQUENCE OF Pulmonary hemorrhage, massive
e d e d		(conditions, if any, which gave) (b) God Rotal States / Mys 4 + 40 + 4 + 40 + 4 + 10 + 10
nsii at		nse to immediate cause (a), (b) 44444444444444444444444444444444444
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end s be as 1	CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
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YSI oosp cer chec	墨	21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Sweet or R.F.D. No. City or Town County State
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OR ATTENDING be retained by the NRECTOR: After the e 3 shauld be de ed with the State		22a. I certify that (I) (this hospital) attended the deceased from 7-18-, 19 68, that (I) (we) last saw the deceased alive on 7-20-, 1968, and thot in (my) (our) apinion deoth occurred on the dote and hour and from the
d b d b d b e S e S e S e S e S e S e S e S e S e		saw the deceased alive on 2-20 - 1962, and fhot in (my) (our) apinion deoth occurred on the dote and hour and from the
Se de la companya de	1	causes stoted above, (1) ( <del>we)</del> (did) ( <del>did not)</del> view the body after death.
A SE SE		226 SIGNATURE 226 DATE SJØNED 226 DATE SJØNED
OR be 3	1	Lange 6: STAFF PHYS DIRECTOR DIRECTOR PHYS. 0 1/21/68
AI COV		22d PHYSICIANS 22e ADDRESS
O HOSPITAL Page 4 may O FUNERAL I director, pag should be fil	1	NAME (Type) JAMES L. CLIFFORD MEDICAL CENTER; SALISBURY Md.
HOS UN CUN	230	BURIAL, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote)
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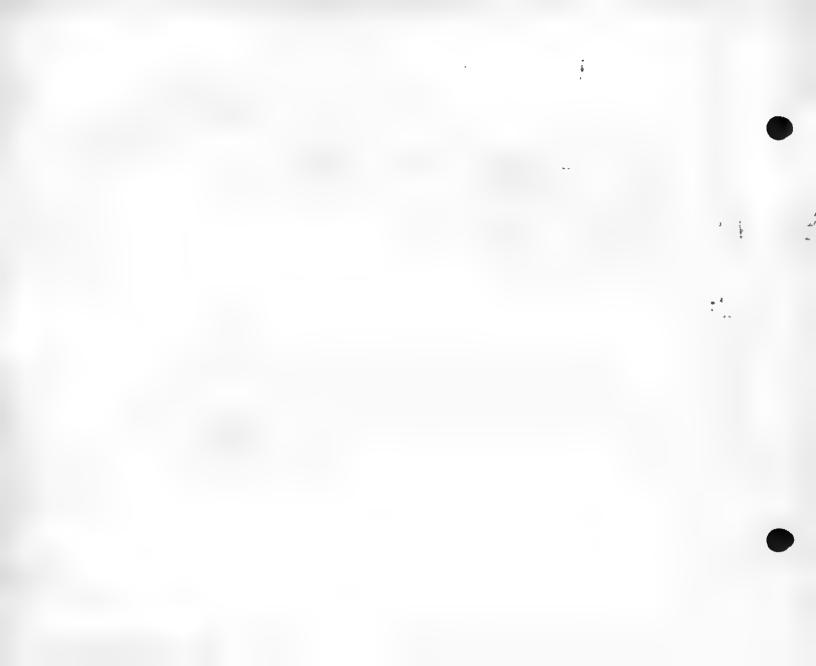
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OR Sine		ranses stated above,	(I) (we) (did) (did nat) view the	body ofter deoth.				
OR A OR A OR ECT OR ECT SHECT SHEET		226 SIGNATURE	/ m=	DEGREE DAYS	MED STAFE -	DATE SIGNED		
Ped		22d PHYSICIAN'S	me	DEGREE PHYS 22e ADDRESS	DIRECTOR L PHYS L Ju	1y/0 /1968		
RAI PC		NAME (Type) Dr. Ear	1 L. Royer		n Ave., Salisbury	. Marvland		
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F F (73	24	FUNERAL DIRECTOR	ADDRES:		BY REGISTRAR 256 REGISTRAR'S	SIGNATURE		
VR A15 (4) 30M REV 1/68		HOLLOWAY & CO	MPANY, SALISBURY			as Judge		



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cate	physician nen pease wal, and i	16a.	WAS DECEASED EYER IN U.S. AR es, na, ar unknawn) (11 yes give	war or dates of service)	Famond	Panhanta	Address T	[4] 7 1 <i>[2</i> ]		
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-E	attending p permit. The lan, ar rema		18 CAUSE OF DEATH (Enter of	nly ane cause per one far (a), (b), and (c) ED BY NATE CAUSE (a) Carcinoma O	) 	h and Ala marks		BETWEEN ONSET AND OFATH		
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- 2	at a solit		21a ACCIDENT WAS UNDERLY				injury in Part 1 or Part 2, 1	tem 18.)		
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ტ‡	er t ate ate		22a. I certify that (I) (t	his haspital) attended the decease alive an JULY 20, 1960	ed from June 4.	19 60 ta	July 20, 19	68, that (i) (we) last		
	d b d b d b d b d b d b d b d b d b d b		saw the deceased	alive an July 28, 1968	9, and that in (my)	(aur) apınıan dea	th accurred an the da	te and haur and from the		
	<b>80</b> 4		causes stated abov	re, (1) (we) (did) (did not) view the	bady after death.					
A S	With the		226 SIGNATURE	- 1991	DEGREE ATTENDING	MED DIRECTOR (	CTAFC	DATE SIGNED		
ō 2	DIN DIN	1	MARY	w Coffat		er.		uly 28, 1968		
ITAI	RAL Po po	Γ,	27d. PHYSICIAN'S NAME (Type) Dr. J	Andrew C. Mitchell	22e ADDRE	332018 S	alisbury, Md	•		
OSP	UNE COMPANY	230	BURIAL, CREMATION, 236	DATE 23c NAME OF	CEMETERY OR CREMATORY	234 100	AT ON (City or Town)	(County) (State)		
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7	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
- Shirt and a shir		CERTIFICATE OF DEATH
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in Section 1		couses stated above, (1) (we) (did) (did nat) view the body ofter death.  225 SIGNATURE A  220 DATE S GNED
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME M ddle Lost 20 DATE OF DEATH First 2b HOUR lificate be executed within 24 hours after death (Type or pnnt) WILLIAM LEONARD BRADSHAW 4 RACE S. DATE OF BIRTH 6 AGE (In years 3 SEX F JADER + YEAR 83 birthday) White Male Oct 12, 1884 9. COUNTY OF DEATH 7a BIRTHPLACE (State or foreign burial-transit permit. Then please remave carban papers. P burial, crematian, or remiival, and in any event, within 72 had 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED country) Maryland .⊑ USA Wicomico WIDOWED T DIVORCED [ campletely filled 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10 CITY OR TOWN OF DEATH 2a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Shipbuilding give street inddress) Howard during most of working life, even if retired) Street Salisbury 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c, CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE 13b COUNTY Md. Wicomico YES DO 702 Howard Street Salisbury 14 FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle Bradshaw Evans William Mary 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address Yes no, or unknown) (If yes give war or dates of service) William R. Bradshaw, Same as 13 abcde 213-18-5858 None APPROXIMATE INTERVAL 93 attending 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) death PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if any, which gove ) nse to immediate couse (o) DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar ta 19a. DATE OF OPERATION 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? CAUSES OF DEATH? YES [ NO I 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH
(If either, natify medical examiner) HOUR A.M. Month Doy Year 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 21F LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County State White Not white at work 22a. I certify that (I) (this hospital) ettended the deceased from 1962, 10 1963, that (i) (see) lost saw the deceased alive on 1963, and that in (contact the deceased alive on 1963, and that in (contact the deceased alive on 1963, and that in (contact the deceased alive on 1963, and that in (contact the deceased alive on 1963, and that in (contact the deceased alive on 1963, and that in (contact the deceased alive on 1963, and that in (contact the deceased alive on 1963, and that in (contact the deceased alive on 1963, and that in (contact the deceased alive on 1963, and that in (contact the deceased alive on 1963, and that in (contact the deceased alive on 1963, and that in (contact the deceased alive on 1963, and that in (contact the deceased alive on 1963, and that in (contact the deceased alive on 1963, and that in (contact the deceased alive on 1963, and that in (contact the deceased alive on 1963, and that in (contact the deceased alive on 1963, and that in (contact the deceased alive on 1963, and that in (contact the deceased alive on 1963, and the deceased aliv couses stated above, (I) (we) (Oid) feld not) view the body ofter deoth. 22b. SIGNATURE 22c DATE SIGNED ATTENDING DIRECTOR PHYS 22e ADDRESS 22d PHYSICIAN S William B. Smith, M. D. 402 S. Division St., Salisbury, NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL CREMATION. 23b DATE (County) BULL A Specify) Sunnyridge Cemetery Crisfield, Somerset, Md. Aug. 1, 1968 ADDRESS 25b REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 2So REC'D BY REGISTRAR 1968 DATE AUG 5 Bradshaw & Sons, Crisfield, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

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\* MARYLAND STATE DEPARTMENT OF HEALTH' Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 partitions. CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o STATE o COUNTY b. COUNTY requires that the death certificate be executed within 24 hours after MARYLAND Larvland icomico ..icomico b CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and campletely filled in by the write RURAL and give nearest town) d NAME OF HOSPITAL OR INSTITUTION (If not in hospito, give street oddress) Fruitland d. STREET ADDRESS e IS RESIDENC ON A FARM? YES NO 🗆 South Divison South Divisor carban 3. NAME OF Middle 4 DATE Month Year Los! Doy DECEASED 19 68 (Type or print) DEATH JULY Brown F UNDER 1 YEAR S SEX 8. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS 7. MARRIED NEVER MARRIED remove ost buthday) Months Doys HOLTS and in any WIDOWED DIVORCED Do USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) during most of working the even if retired) INDUSTRY **COUNTRY?** ease None Maryland U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Columbus Wight Eliza Peterzon WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Jalia. (Yes, no, or unknown) (If yes give wor or dates of service Mary Maycock South Div. cremation. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) ond (c).)
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MARYLAND STATE DEPARTMENT OF HEALTH



		MARTLAND STATE DEPARTMENT OF HEALTH
/ controlling		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
		CERTIFICATE OF DEATH
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e death certificate b attending physician permit. Then please an, ar remaval, and i		WAS DECEASED EVER IN U.S. ARMED FORCES?  166 SOCIAL SECURITY NO. 17 INFORMANT  Address  Address  214-28-33.70 MRs. L.R. CARMAN SEE SEC. 13
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O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execut Page 4 may be retained by the hospital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and carriers, page 3 shauld be detached far use as the burnal-transit permit. Then please remay shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remayal, and in any ev	~	21d INJURY OCCURRED  21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.)  21f LOCATION Street or R.F.D. No City or Town County  Store  Store  County  Store  Sto
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rspit aspit rentil	MEDICAL	[If either, notify medical examiner] P.M. 19  21d. INJURY OCCURRED   21e. PLACE OF INJURY (AT NOME FARM, STREET FACTORY.) 21F LOCATION Street or R.F.D. No. City or Town Cou	inty State
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MAKTLAND STATE DEPARTMENT OF HEALTH



		MARYLAND STATE DEPARTMENT OF HEALTH	
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	T-	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  Lem 1 taken from birth certif. CERTIFICATE OF DEATH
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TEN:		causes stated above, (I) (we) (did) (did not) view the body after death
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Carlo		1370		RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201							
		- C ( / ///	CERTIFICATE OF DEATH								
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1			DIVISION OF			DEPARTMENT O		TH E, MARYLAND 21201		
ı	-	20763	DIVISION OF			ATE OF DEAT		E, MARTEAND 21201	AU	71
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3	SEX	MALE	4. RACE	NEGRO		12/12/	6	6 AGE (In years lost birthdoy) 51 YRS.	IF UNDER 1 YEAR MONTHS DAY	
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	Y	s, no, prunknown) (If yes give	var or dates of service)	215-18-40	35 I	ROY ENNELS	BO	34 CAMBRDIGE		21613
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	-	+100		AS A CÔNSEQUENCE OF						
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-	-	stating the underlying cause		AS A CONSEQUENCE OF						
1		PART 2 OTHER SIGNIFICANT CO	(c)	ITING TO DEATH OUT M	T DELATED TO	THE TERMINAL DISEASE	OBCONDITI	ON CIVEN IN BART 1(-)		
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4	CERTIFICAT					YES NO		CAUSES OF DEATH?		
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	MEDICAL	OR CONTRIBUTING CAUSE OF DEA	ner) P.M.	Month Day Yeor 19						
	- 1	21d N.JRY OCCURRED 21e White Not while at work	PLACE OF INJURY	( AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY.) 21F ±00	CATION Street of R.F.D	Na.	City or Town	County	Stote
1		22a I certify that (I) (the saw the deceased of	is haspital) att	ended the decease	d from and	6/18 , that in (my) (aux)	9.68_	to 7/26, 196 death accurred on the da	, the	of (1) (we) to
1		causes stated abov	e, (I) (we) (did)	(did nat) view the l	ody after d	eath.	opinion	death accorded an the ag	e una nou	i una nam i
		226 SIGNATURE	) C1	Mitch	U DEGRE	ATTENDING	MED. DIRECTO	STAFF CO.	ATE SIGNED	161
		77d PHYSICIANS NAME (Type) AND	REW C. P.	ITCHELL, M	, D,	22e ADDRESS DEE	R'S H	EAD STATE HOSP	ITAL	
2	3a	BURIAL, CREMATION, 23b	DATE 7/31/68	23c NAME OF C	EMETERY OR C	REMATORY OCK	23d	LOCATION (City or Town)  DORGHE	(County)	(State)
7	24.	FUNERAL DIRECTOR	100	ADDRESS	-		D BY REGI	STRAR 2Sb REGISTRAR'S	SIGNATURE	
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nin 24 frilled pope thin 77	10.	CITY OR TOWN OF DEATH	111	NAME OF HOSPITAL OR INSTE	EUTION (If not in hospital	12a USUAL OCCUP	ATION (Kind of work dane	126 KIND OF E	BUSINESS OR
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the did was a second to the se		causes stated abave	(A (we) (did	) (XXXXX) view the bo	dy after death.	// (00/) opinion d	,	c did noor c	III II III III III III III III III III
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HO HO I I I I I I I I I I I I I I I I I	23 a	BURIAL CREMATION, 23b [			METERY <del>OR CREMATOR</del> Y	23d	OCAT ON (City or Town)	(County)	(State)
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1	1	MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	~73
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	,
HEALTH DEPT.	1 D	DECEASED NAME First M.ddle Lost 20 DATE KNOWN M. Month Do OF ESTI	1 1)
y is 3 to oge		DIANA BROCKINGTON FASSETT DEATH MATED 7-31	-68 19 7: 38 m
any deloy is 2, and 3 to PM3. Page partment of	3 5	F AA 6-3-15 6 AGE (in yours   F LINDER L YEAR   F JINDER 24 HRS   20 DATE PRONOUNCED DEAD   MONTHS   DATS   HOURS   MIN   MONTHS   DATS   HOURS   MIN   MONTHS   7 DOY   31	Yeor 68-7:38P
n P		BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARR ED 79 COUNTY OF DEATH	
form form		TOCK / D MICOUITGO	Md
haurs ofter death in delay is them 18 Give Pages 1, 2, and 3 to Office along with form PM3. Page 1 and 2 with the State Department of ofter death	10 (		B KIND OF BUSINESS OR DUSTRY
Given Grand Iong Iong	130	USUAL RESIDENCE (Where deceased lived, if institution, Residence before) 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER	0
hours ofter 18 G Office olon Pand 2 with		admission) STATE Md.   Wb. COUNTY Worcester Berlin   YES   NO   Route 3, Box	208
24 hau in Item is Offi is Offi s Panc	14. 1	FATHER'S WAME First Middle Of Clost IS. MOTHER'S MAIDEN WAME First Middle Sen mile 277.	7 Runner
INER: This certificate should be executed within 24 hours after death executed within 24 hours after death should be forwarded to the Chief Medical Examiner's Office along with form files 3 should the most of a buriel-transit the pages land 2 with the State Delation, or removal, and in any event within 72 hours after death		WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give were or detes of service)  16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS  2216-4250 A Mass Fasciett Be4208.R.7	DB lu rie
This certificate should be executed will ficate, writing the word "pending in pe be forwarded to the Chief Medical Exert of the temoval, and in any event within 72 or removal, and in any event within 72		18. CAUSE OF DEATH (Enter only one cause per ne for (a), (b), ond (c)) PART I DEATH WAS (AUSED BY	APPROX MATE INTERVAL BETWEEN OPPET AND CEATH
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ote, writi e forwar le msed	CERTIFICATION	196 CONDITION FOR WHICH OPERATION Arterial bypass on the 7-31-68 right, With post-op homorrhage	20 AUTOPSY? YES X NO
Thi ficot be d e		210 EXTERNAL CAUSE WAS 21b T ME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of in urv in Part i or Part 2 Item	1
INER: T e certific should b files 3 should action, or	D CAL	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P M 19	·
	MED	21d .N.JRY OCCURRED 21e PLACE OF INJURY (At home, form, street, WHILE MOT WHILE factory, office building, etc.)	County State
DEPUTY  Sessary, please execute the function of director. Page 4 may be retained far your FUNIERAL DIRECTOR: Page eolth prior to buriol, crem		AT WORK AT WORK	
CAL exe ar. P ar. P d fa d fa		22a. I certify that I taak charge of the remains described above, held an Autopsy X Inspect an X, Inquiry X, death resulted from: Natural causes X, Accident , Suicide , Hamicide , Undetermined manner	and in my opinian
please I directi retaine or to t		CHIEF MEDICAL EXAMINER	J
ol do lo do		ACTUAL  SIGNATURE  AND ASSISTANT MED CAL EXAMINER   22b DATE SIGNATURE	
Sany uner uner yy be yy be hy p			2, 1968
necessary, please er the funerol director 5 may be retained Funerol Health prior to bu	22-	NAME (Type) 109 Caiden AveQ, Salisbury, IId &DDRESS(Street, city, town, or county)  BURIAL (REMATION. 1236 DATE 1236 NAME OF FEMILERY OF F	
5 H S H S H	230	BURIAL (REMATION, REMOYAL (Specify) 8-3-66 (MUST BALLEY) (COMMITTER) 23d LOCATION (City of Town) (Committee) (Comm	ounty) (State)
	24	FUNERA. DIRECTOR  ADDRESS    250   REC'D BY REGISTRAR   25b   REGISTRAR S SIGN	NATURE .
10M REV 1 1 8 M		Jolley Funeral Home, Salisbury, Md. DATE AUG 8 1988 Colombia	Ja 0



MIAKTLAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED NAME Middle last 2g. DATE OF DEATH First 2b HOUR TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, crematian, ar remaval, and in any event, within 72 hours after death (Type or print) MARGARET W. FIELDS 1:20PM July S. DATE OF BIRTH JINDER 1 YEAR IF UNDER 24 HRS 3 SEX 4 RACE 6 AGE (In years last birthday) HOURS MONTHS Mar. 20, 1900 Colored Female 7o. BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED T NEVER MARRIED VICOMICO WIDOWED DIVORCED [ Salisbury U. S. A. requires that the death certificate be executed within 24, 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUA, OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired )
Housework | give street oddress) | Deer's Head State Hospital INDUSTRY Salisbury 13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before 113c CITY OR TOWN 13d INSIDE CITY EIMITS? 13e STREET AND NUMBER odmission) STATE 136, COUNTY YES 17 802 Delaware Street Salisbury Wicomico 14 FATHER'S NAME M.ddle IS MOTHER'S MAIDEN NAME First Wooden Washington Whaley Harv Jane James 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address (1 yes give war or dates of service) Yes no or unknown) Oris G. Fields 802 Delaware Ave. Salis 18 CAUSE OF DEATH (Enter only one couse per line f r (a) (b), and (c))
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (c)
Pulm BETWEEN ONSET AND DEATH Pulmonary embolus minutes DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which gave ) Arteriosclerotic cardiovascular disease Years rise la immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF storing the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Diabetes mellitus: old CVA - 5/20/68 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES [ NO T 21a ACCIDENT WAS UNDERLYING 216 TIME OF NILRY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21e PLACE OF INJURY (AT HOME EARM, STREET, EACTORY.) 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County State Whe Not while 22a. I certify that (1) (this haspital) attended the deceased from June 18, 1965, to July 8, 1965, that (11) (we) lost saw the deceased alive on July 8, and that in (my) (aur) apinian death accurred on the date and hour and from the causes stoted obove. (IX (we) (did) (ard not) view the bady ofter death. 22c DATE SIGNED **ATTENDING** DIRECTOR PHYS PHYS. Maryland 22d PHYSICIAN'S 22e. ADDRESS Deer's Head State Hospital, Salisbury, A. C. Mitchell, M. D. 23d LOCATION (City or Town) 23b DATE 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION (County) (State) Salisbury TREAMONAL (Specify) Green Acres Mem. Park 7-12-68 Jolley- Jersey Robers, Rt. 8 Salisbury, Karyland 2Sa. REC D BY REGISTRAR 30M REV 1/68



1		MARYLAND STATE DEPARTMENT OF HEALTH  - C TO C TO DIVISION OF VITAL RECORDS, 30 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	may pay
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	4. (I 4)
HEALTH DEPT.		DECEASED NAME First Middle Lost 2a DATE KNOWN M	
My Sato	,	ELLA JAMES FLETCHER DEATH MATED JC	11y 22 1968 ,
y delay is Poge PM3. Poge art meet	3 S		. Year
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Det II		BIRTHPLACE (Stote or foreign 75 CT ZEN OF WHAT COUNTRY? 8 MARR ED	ad .
ages ages h fo	10 (	CITY OR TOWN OF DEATH II NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a C.S., A. OCCUPATION (Kind of work of	
ter death Gove Pages 1, and with farm the State De		Salisbury 221 Cherry Way Retired Shirt Factor	ory Worker
affer 8. Gr alonç with with	13a 6	USUAL RESIDENCE (Where deceased lived, if institution Residence before 33 CITY OR TOWN   13d INSIDE CITY LIMITS?   13e STREET AND NUMBER Salmission) STATEMARY 1 and 13b COUNTWICOMICO   Salisbury   YES X NO   221 Cherry	Way
haurs Item 11 Office Office	14 F	FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle	Lost
		James Denson Rosa	Oar by
within 24 n pencl in Examiner's File pages		WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, ar unknown) (Hiyes give wor or dates of service) 214-10-7282 Mrs. Mary E. Dryden, Salisbur	
ficate shauld be executed ing the word "pending" a ded to the Chief Medical as a burial-transit permit and in any event within	MOI	PART 1 DEATH (Enter only one couse per line for (a), (b), and (c)  PART 1 DEATH WAS CAUSED BY  LAMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions if any, which gave rise to immediate cause (a) stating the underlying cause lost.  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  190. DATE OF OPERATION  196. CONDITION FOR WHICH OPERATION	APPROX MATE AFTERVAL BETWEEN ONE EAND DEATH
his e fe	CERTIFICATION	WAS PERFORMED?  210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day Year 21c HOW INJURY OCCURRED (Enter nature of Injury in Part 1 or Part	YES NO
1 THE THE	MED.CAL	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19	
TO DEPUTY DICAL EXAMINER: necessary, please execute the certifier funeral director. Page 4 should 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should Health prior to buriel, cremation,	W.	21d INJURY OCCURRED 21e, PLACE OF INJURY (At home, farm, street, while at work at work at work at work at work	County State
Xecu Xecu Pag far far far far far far far far indl,			ry 💢 . and in my apiniar
bica please ey director. director. DIRECTO		death resulted from Natural causes , Accident , Suicide , Homicide , Undetermined mai	nner 🔲
please I director retained L DIREC		ACTUAL CHIEF MEDICAL EXAMINER CHIEF	DATE SIGNED
o DEPUTY necessary, if the funeral 5 may be r 5 puvERAL Health price		EXAMINER'S Earl L. Royer, D. DEPUTY MEDICAL EXAMINER .	11y 22 /1968
TO DEPUT necessary the funer 5 may be 10 FUNERA	60	NAME (Type) 409 Camden Ave., Salisbury, Md. ADDRESS(Street, tily, rown, or county)	
5 = - 25 -		BURIAL (REMATION, REMOVAI (Specify) Burial  July 25, 1968 Shad Point Company  Salisbury Wi  FUNERAL DIRECTOR  ADDRESS  REGISTRAR 1756 REGIST	(County) (State)  Comica Ref Signal Ref
VR ATSME (5)	24	HOLLOWAY & COMPANY, SALISBURY, MARYLAND	rans signature



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle 2a. DATE OF DEATH 2b. HOUR death (Type or print) Month Day MAX 3 SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNCER 1 YEAR JF UNGER 24 MRS. lost birthday) White YRS. 70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED V NEVER MARRIED Wicomico country) WIDOWED DIVORCED [T O FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled director, page 3 should be detached for use as the burial-transit permit. Then please remove corban paper sylo≡id be fil≡d with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 Phila. 10. CTY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12g USUAL OCCUPATION (Kind of work done 126, KIND OF BUSINESS OR requires that the death certificate be executed within dyring mast of working life, even if retired) Salisbury give street oddress) IND\_STRY eninsula Spotal Lawyer & CPA
136 INS DE CITY DIMITS? LASE STREET AND NUMBER dosphtal Law 130 USUAL RESIDENCE (Where deceased fixed, if institution, Residence before admission) STATE 13b. COUNTY 3425 Washington Avenue 14. FATHER'S NAME **Eirst** M ddle Lost 15. MOTHER'S MAIDEN NAME First George Freedman Ida Gertler 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) 3425 Washington Avenue W. W. Mrs. Miriam Freedman 18 CAUSE OF DEATH (Enter only one couse per time for (a), (b), and (c), BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE TO Conditions, if any, which gove ) rise to immediate cause (a). Page 4 may be retained by the hospital or attending physician. DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse last. 12 D CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 19a DATE OF OPERATION 20b. JF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES | NO [ 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) O HOSPITAL OR ATTENDING PHYSICIAN OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, not fy medical examiner) P.M (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e PLACE OF INJURY City or Town County State While Not while of work 220. I certify that (1) (this haspital) attended the deceased from 6/ 2 41-29 saw the deceased alive on 1246 ( \_19 60, and that in (my) (our) opinion death occurred on the date and hour and from the couses stated above, (1) (we) (did) (did/not) view the body after death 22b SIGNATURE 22c. DATE SIGNED **ATTENDING** DEGREE PHYS. DIRECTOR PHYS. 22d. PHYSICIAN'S 22e ADDRESS NAME (Type) 23a. BUR AL, CREMATION, REMOVAL (Specify) BUTLAR 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) Jewish War Veterans Baltimore, Maruland 24. FUNERAL DIRECTOR 30M REV 1/68 Reisterstown Road Sol Levinson & Bros. 6010

MAKTLAND STATE DEPARTMENT OF MEALTH



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. I. DECEASED-NAME Last 20 DATE KNOWN [S] Month Doy (Type or Print) DANIEL GRANT GLEASON 20, DEATH MATED 6 AGE (In years 3. SEX 4 RACE 5 DATE OF BIRTH IF UNDER 24 HRS. 2c DATE PRONOUNCED DEAD 2d HOUR Day 21 1-26-83 Year 6.8 M 76 CITIZEN OF WHAT COUNTRY? 7a BRTHPLACE (State or foreign MARRIED NEVER MARRIED 9 COUNTY OF DEATH Penn. U.S.A. Wicomico DIVORCED [TT WIDOWED [ .) NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR give street off Theula General during host of working life evan if ret red.) INDUSTRY Salisbury 130 USUAL RESIDENCE (Where deceased lived, if institution; Residence befase 13c CITY OR TOWN 13d. INSIDE C TY LIMITS? 13e STREET AND NUMBER 13b COUNTY Jorcester odmission) STATE RFD 3, Box 405 Berlin in pencil in Item 1 14. FATHER 5 NAME 15. MOTHER'S MAIDEN NAME haurs should be farwarded to the Chief Medical Examiner's 160 WAS DECEASED EVER NUS ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT (Yes, naka) unknown) 4-12-1396 MRS BERTHA KNISHT FARMINGTO within 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Crushed Chest minutes DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate couse (a). certificate should necessary, please execute the certificate, writing the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .= PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 190 DATE OF OPERATION 96. CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? YES 🗍 21b TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) 210 EXTERNAL CAUSE WAS 3 should PRIMARY CONTR BUTING HOUSE Driver of auto involved in collision. CAUSE OF DEATH 21e PLACE OF INJURY (At hame, form, street, 21f LOCATION Street or R F D No. Eity or Town County State "Thtersection of Wm. & Franklin Aves., Berlin, Wor., Md. 22a. I certify that I took charge of the remains described above, held an Autopsy ... Inspection [X] Inquiry X. and in my apinian Notural causes . Accident X Suicide . Hamicide death resulted freeze Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b DATE SIGNED ASSISTANT MEDICAL EXAMINER July 22, 1968 Royer DEPUTY MEDICAL EXAMINER 5 may b TO FUNER Health Camden Ave. Salisbury, MdADDRESS(Street, city, town, or county) 23a, BUR AI CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) REMOVAL (Specify) 7-24-68 Evergreen Cemetery burial Berlin, Worcester, Md 256. REGISTRAR'S SIGNATURI 25a. REC'D BY REGISTRAR Funeral Home, Berlin. Md.

MARYLAND STATE DEPARTMENT OF HEALTH



72 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME Eirst Middle 2b HOUR Lost 20 DATE KNOWNOK Month Day (Type or Print) TRENE MAE GLEASON 7-21-68 B: 04m DEATH MATED 6. AGE (In years 3 SEX 4. RACE S DATE OF BIRTH E UNDER 1 YEAR 15 UNDER 24 HRS 2c DATE PRONOUNCED DEAD 2d HOURD 6-18-1886 Year 68 F W Day : 04 7a. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? MARRIED KINEVER MARRIED 9 COUNTY OF DEATH country) Penn. U.S.A. Wicomico WIDOWED [ DIVORCED [7] 1. NAME OF HOSP TAL OR INSTITUTION (If not in hosp tol 10. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR gve street entricks and General during most of working life even firetired.) INDUSTRY Salisbury 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN [13d MISIDE CITY LIMITS? 13e STREET AND NUMBER admission) STATE 1.1d .. 13b COUNTY Worcester Berlin RFD 3. Box 405 YES NO certificate shauld be executed within 24 hours 14 FATHER'S NAME M ddie 15. MOTHER'S MAIDEN NAME First Simma Wilcox Jennie Gilitt 4 should be farwarded to the Chief Medical Examinec's 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 165, SOCIAL SECURITY NO ADDRESS (Yes, ng. Dr/Lisknown) 118-12-1396 Bertha Knight , Farmington, West Va. within 72 (daughter) 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (t).)
PART I. DEATH WAS CAUSED BY Acute Congestive Heart Failure hours IMMEDIATE CAUSE (a) DOETO OR AS A CONSTOLIENCE OF Conditions, if ony, which gave Cerebral Concussion hours rise to immediate cause (a). / ONE /O/ OR AS/A LONSPOYENCE/OF stoting the underlying cause hours Multiple Fractures PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION G YEN IN PART 1(a) 0 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. ALTOPSY? WAS PERFORMED? YES NO X [21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18) 210 EXTERNAL CAUSE WAS 215 T ME OF INJURY Manth, Day, Year PRIMARY OR CONTRIBUTING 7-21-68 Passenger in auto involved in colli-CAUSE OF DEATH 21e. PLACE OF INJURY (At hame, form, street 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town intersection of Wm. & Franklin Aves., Berlin, Wor., Ad. 220. I certify that? took charge of the remains described above, held on Autopsy , Inspection X, Inquiry X. and in my opinion Natural couses Accident X Suicide Homicide Undetermined manner deoth resulted from CHIEF MEDICAL EXAMINER **ACTUAL** ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED July 22, 1968 Earl L. Royer, DEPUTY MEDICAL EXAMINER K Camden Ave., Salisbury, Ildappress(Street, oily, town, or county) 23b DATE 230 BUR AL CREMATION, 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 7-24-68 Evergreen Cemetery Berlin, Worcester, Md.
REGISTRAR 256 REGISTRARY SIGNATURE 250 REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Funeral JUL 25 Home. Berlin, Md.

MARYLAND STATE DEPARTMENT OF HEALTH



	ı	MARTIAND STATE DEPARTMENT OF HEALTH	
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	2.)
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€ _2€		DECEASED-NAME First Middle Lost 2a. DATE OF DEATH	2b. HOUR
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- 15 - 15 - 15 - 15 - 15 - 15 - 15 - 15	3. 51	SEX 4. RACE 5 DATE OF BIRTH / 6. AGE (In years IF UNDER	I YEAR
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cute omp	· Coan	m ssion) STATE Del. Nab COUNTY Sussex Willsboro YESKI NO State Street	
be exemple control of the control of	14.	. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	lost
8 5 5	1	Charles R. Godfrey Mary Elizabeth	Godfrey
8 - 3 6	160	IN WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address	
<b>A. S. S.</b>		Yes, no or unknown) (11 yes graywar or do'es of service) 22/-22-7735 Alberta Godfrey Mills	sboro, Del
B E E		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	APPROXIMATE INTERVAL CTWEEN ONSET AND DEATH
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lar t	CERTIFICATION	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 ALTOPSY? 206. IF YES, WERE FINDINGS CONSIDERS	D IN CERTIFYING
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ar ar			
E PER ELEMENT	MEDICAL	OR CONTRIBUTING   CAUSE OF DEATH HOUR A.M. Month Day Year     Cause of Death HOUR A.M. Month Day Year	
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OR ATTENDING PHYSICIAN: The law requires the be retained by the hospital ar attending physician. DIRECTOR: After this certificate has been signed by je 3 should be detached for use as the burial-transed with the State Dept. of Health priar to burial, cre.		While Not while of work of work	
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O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cert Page 4 may be retained by the hospital or attending physician.  O FUNERAL DIRECTOR: After this certificate has been signed by the attending foll director, page 3 should be detached for use as the burial-transit permit. This should be filed with the State Dept. of Health prior to burial, cremation, or remay	20		(Ctata)
Age of FL directions show	230	BURIAL (REMATON, 236 DATE // 23c NAME OF CEMETERY OR CREMATORY 23d LOCATON (City or Town) (Count Street's) July28, 1968 Millsboro Cemetery Lillsboro, Susse	ty) (State) ex.Del.
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VR A15 (4) 30M REV 1/68	2"	The son the so	2



	1 1		1074	DIVISION OF	VITAL RECORDS,	301 W. PR	RESTON STRI		IH E, MARYLAND 21201	. ~ }	d
	. 1					CERTIFIC	ATE OF D	DEATH			4
£ _	24		CEASED NAME First		Middle		Lost	20	DATE OF DEATH		2b. HOUR
eal	and	(1	(pe or print) LAU	RA	ELIZABETH	G	RAVENOR		Month Doy	Yeor 1968	1:45AM
10	run fer i	3 SE	X	4 RACE			S. DATE OF BIR	TH	6. AGE (In years	IF UNDER 1 YEAR	F JNDER 24 HRS
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4 4 F	⊆ & ⇒ \		Maryland	USA		WIDOWED			WICOMICO		Md
be executed within 24 haurs after death	w Things	10 C	TY OR TOWN OF DEATH Salisbury		AME OF HOSPITAL OR INS street oddiess) ute 1	STITUTION (If no	ot in hospitos	120 USUAL OCC during most of Housew	UPATION (Kind of work dane wasking life, even if retired) 1 T.C.	126 KIND OF B INDUSTRY at hos	iusiness or me
cuted v	signed by the attending physical and campletely the burial-transit permit. Then please/remave carbon burial, crematian, or remaval, and in any event, with	13a odmi	USUAL RESIDENCE (Where decease session) STATE Mary land		ion, Residence before Wicomico	13c CITY OR Salis		AE2 WO W	13e. STREET AND NUMBER Route 1		
e × e	nd cam remave rany ev	14. F	ATHER'S NAME First	Middle	Lost	15	MOTHER 5 MAI	DEN NAME First	Middle		Lost
8	= 2.5		William	n J.	Park			Charlo	tte Jane	M	iddleton
륌 :	please, I, and i	160	WAS DECEASED EVER IN U.S. ARM	ED FORCES? or or dates of service)	16b. SOCIAL SECURITY I	NO. 17. II	NFORMANT (D	aughter)	Address	?t. 3	
<b>/</b>	signed by the attending phys burial-transit permit. Then ple burial, trematian, or remaval, t		es, no, or unknown)   (If yes give wo	ar or ocios or service)		Mr	s. Magg	ie M. Mo	<u>ore, Salisbury</u>	, Maryl	and
. 6	The		18 CAUSE OF DEATH (Enter only	y ane couse per iii	ne for (a), (b), and (c)	)	_			APPROXIM BETWEEN ON	NATE INTERVAL ISET AND DEATH
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P	affe Sern Gn,	Ш	485X	DUE TO, OR	AS A CONSEQUENCE OF						
£	the sit   nati		Canditions, if any, which gave a rise to immediate cause (a),	{b}			Puilmor	nary Con	ngestion	Lid	B
# H H	by rran		stating the underlying cause	DUE TO, OR	AS A CONSEQUENCE OF						
ries	ial-ial-		last.	(c)	v · · · · · · · · · · · · · · · · · ·						
phy	Sign bur		PART 2 OTHER SIGNIFICANT CON						1 /		
w ding	the ir to	NO	A Division of the Line of the		etes Mel				lerosis 20b. IF YES, WERE FINDINGS CO	MCIDENCE IN CO	DELFRING
N: The law requires the	has base as the price	CERTIFICAT			EICH OPERATION WAS PE		200 AUTOP	NO##	CAUSES OF DEATH?		CHITING
ICIAN:	tificate d far u af Hea	MEDICAL CE	21 a ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examin	HOUR A.M.	F INJURY  Month Day Year  1		W INJURY OCCU	JRRED (Enter natu	e of journ in Part 1 or Part 2, I	tem 18)	
PHYS he has	this cer letache Dept.		21d. INJURY OCCURRED While Not while at work	PLACE OF INJURY	( AT HOME, FARM, STREET, FAI OFFICE BUILDING, ETC.		-	or RED No.	City or Town	County	State
OR ATTENDING PHYSICIAN: The law requires that the death certificate be retained by the haspital ar attending physician.	O FUNERAL DIRECTOR: After this certificate has been directar, page 3 should be detached far use as the shauld be filed with the State Dept. af Health priar ta		22a. I certify that (I) (thi saw the deceased al couses stated abave	s haspital) attive an	ended the decease	ed from 9 <b>68</b> and	7/8/ I that in (my leath	, 19 <b>6</b> { ) (aur) apınian	ta	te and have a	(l) (we) last and fram the
A ATT	3 should writh the		225 SIGNATURE	12-1	11.6	ma	ATTENDING		224 [	ATE SIGNED	
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MITA Maga	Pe 1			. Herber	t Sembly				h Street, Sali:	sbury. I	Md.
O HOSPITAL Page 4 may	E de la	220	BURIAL, CREMATION, 23b. D	·	23c. NAME OF	CEMETERY OF			LOCATION (City or Town)	(County)	(Stote)
<b>H</b> 60 6	Piệ 관 이	100	DEMONIAL (Canally)		68 Parson				alisbury, Wicom	, ,,	
	790	24	FUNERAL DIRECTOR		ADDRESS			2So., REC'D BY REG	STRAR 2Sb REGISTRAR S	SIGNATURE	
	30M REV 1788		HOLLOWAY & CO	MPANY,	SALISBURY,	MARYL	AND	DATEUL 2 2	1968 gelian	An Joseph	4



a like	MARYLAND STATE DEPARTMENT OF HEALTH  7.7.5 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	. "8.,
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	, , , , ,
HEALTH DEPT.	DECEASED NAME First Middle .ost 20 DATE KNOWN AMONTH Doy OF ESTI 7.27	Yeor 2b HOUR 1:55
delay nd 3 3. Pa	SEX 4 RACE 5 DATE OF BIRTH 6. AGE (In years IF LADER 1 YEAR IF LADER 24 MRS 20 DATE PRONOUNCED DEAD	Ye68 1:55 P
I, 2, 000	BIRTHPLACE (State or foreign   76 CITIZEN OF WHAT COUNTRY?   8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	17 10
form form	Wicomico Wicomico Wicomico Wicomico Wicomico Wicomico	Md.
1 in Item 18. Give Pages 1, er's Office along with farm ges land 2 with the State Durs after death.	Salisbury   Give street oddiess)   Salisbury   Peninsula General   Granner   Farmer   Farmer	KND OF BUSINESS OR USTRY  arming
rs after 18. Gr e alonç 2 with death,	odmission) STATE Md. 136 COUNTY Wicomico Hardela YES NO	
haurs Item 1 Office 1 and 2	FATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle	Lost
hin 24 mer's mer's pages 1 haurs	Charles Lester Greenwalt Cevenia  was Deceased Ever in u.s. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT Brother: ADDRESS	Deal
pentining penting pent	(Yeknowin)   (Il yes give wer or dictes of service)   John R. Greenwalt, Berryville	e. Va.
INER: This certificate should be executed within exertificate, writing the ward "pending in penell should be farwarded to the Chief Medical Exemplifies.  3 should be used as a burial transit permit Fle pagination, or removal, and in any event within 72 has	18 CAUSE OF DEATH (Enter on y one couse per line for (a), (b) and (c).) PART I. DEATH WAS CAUSED BY: IMMED ATE CAUSE (a) Asphyxia	APPROXIMATE INTERVAL BETWEEN-ONSET AND DEATH
ould be executed in the Chief Medical in the Chief	Conditions, if ony, which gove (b) Aspiration of vomitus  (b) Aspiration of vomitus	ц
certificate should be e writing the ward "per irwarded ta the Chief I used as a bur'al transit noval, and in any even	storing the underlying couse   DUE TO, OR AS A CONSEQUENCE OF (c) Coronary occlusion	K
ficate ing the ded to as a l	PART 2 OTHER SIGNIFICANT COND TONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
is certificate shorte, writing the was farwarded to the period of the pe	190 DATE OF OPERATION  195 CONDITION FOR WHICH OPERATION  WAS PERFORMED?  210 EXTERNAL CAUSE WAS  215 TIME OF INJURY Month, Doy, Year  21c HOW INJURY OCCURRED (Enter nature of injury in Part Lor Part 2, Item 18	20 AUTOPSY? YES NO
NER: This certificate, hould be farlles. should be u	210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year PRIMARY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18 HOUR A.M. 19  21d INJURY OCCURRED 21e PLACE OF INJURY (At home form street 21d INJURY OCCURRED 21e PLACE OF INJURY (At home form street 21d IOCATION Street or 8 ED No. C. VIOLENIA (A. N. O. C. VIOLENI	
	21d INJURY OCCURRED  WHILE  AT WORK  AT	ounty State
AL E) xecul reger far oReP	220   certify that I took charge of the remains described above, held on Autopsy X. Inspection X. Inquiry X. death resulted fram? Noturo couses X. Accident . Suicide . Homicide . Undetermined monner	and in my opinion
TY BICA y, please ex- eral director. (AL DIRECTO priar ta bur	CHIEF MEDICAL EXAMINER	
PTY, prior prior	ACTUAL SIGNATURE SIGNATURE Examiner:	
O DEPUTY necessary, I the funeral S may be n O FUNERAL Health prise	NAME (Type) 409 Camden Ave., Salisbury, MdADRESS(Street, city, town, or county)	
TO I the the S r I He	30 BURIA. CREMATION, 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) Clase	rginia
	4 FUNERAL DIRECTOR ADDRESS 2SO REC D BY REGISTRAR 2SD REGISTRAR S SIGNA	ATJOE
VR A15ME (5) 10M REV 1768	Charles Broder Beryville, va DATAUG 5 1968 Poliones	00



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 784 CERTIFICATE OF DEATH M.ddla Last 2a. DATE OF DEATH DECEASED-NAME First 2b. HOUR Ju 1 Manth (Type or print) **UR TAH** HITCH THOMAS remove carban papers. Pages I in any event, within 72 haurs after 4. RACE 5 DATE OF BIRTH IF UNDER YEAR IF UNDER 24 HRS 3 SEX 6 AGE (In years executed within 24 hours after lost birthday) February 24,1887 White Ma 1e 7b. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (State or foreign 9. COUNTY OF DEATH MARRIED T NEVER MARRIED campletely filled in Maryland WICOMICO **USA** WIDOWED X DIVORCED [ 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR Springhi during most of working life, even if retired) INDUSTRY Farming carban Salisbury Sanitarium 130 USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13e STREET AND NUMBER 3d INSIDE CITY LIMITS? admission) STATE 13b COUNTY YES 🗀 Wicomico Eden R.D.#1 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME First Lost First Sally Levin Hitch Owens and Union Road 16b SOCIAL SECURITY NO 17 INFORMANT (Son) The law requires that the death certificate 160. WAS DECEASED EVER IN L.S. ARMED FORCES? Yes, na, or unknown) ۵. burial, cremation, ar remayal, Mr. Levin Carroll Hitch, Salisbury, Maryland none 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave ) burial-transit rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital or attending physician. stating the underlying cousei PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? NO [ YES 🗀 21a ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 21b TIME OF INTURY OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day Year If either, natify medical examiner) ( AT HOME, FARM STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d INITIRY OCCURRED 2te. PLACE OF INJURY City or Town County State While Nat while at work 22a. I certify that (1) (this hospital) attended the deceased from saw the deceased glive on 7 - 15 and that in (my) (our) opinion death occurred on the date and hour and from the causes stoted obove, (I) (we) (did) (did not) view the body after death 22b SIGNATURE 22c DATE SIGNED ATTENDING STAFF DEGREE DIRECTOR PHYS PHYS 22d. PHYSICIAN S 22e. ADDRESS NAME (Type) Dr. Wilber R. Ellis Medical Center, Salisbury, Maryland 23c NAME OF CEMETERY OR CREMATORY 23b DATE 23d LOCATION (City or Town) (County) 23o. BURIAL, CREMATION REMOVAL (Specify) Worcester, Maryland July 17, 1968 Smullen Cemetery 2 24 FLINERAL DIRECTOR VR AT HOLLOWAY & COMPANY, SALISBURY, MARYLAND 30M REV





		MARYLAND STATE DEPARTMENT OF HEALTH
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		CERTIFICATE OF DEATH
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ours after death	70	
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filled sin- foggers, thin 72 H	10	CITY OR TOWN OF DEATH  11 NAME OF FIOSPITAL OR INSTITUTION (If not in hospital)  12a USUAL OCCUPATION (Kind of work done)  12b KIND OF BUSINESS OR
五 章 章 章 章 章 章 章 章 章 章 章 章 章 章 章 章 章 章 章	1	Salisbury Peninsula General Hospitualst of working life, even fretired) INDUSTRY
t, w	130	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before   13c CITY, OR TOWN   13d INSIDE CITY JAMES   13e STREET AND NUMBER
TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 haurs Page 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fulfociately director, page 3 should be detached far use as the burial-transit permut. Then pleose remave carban pages, shauld be filed with the State Dept. af Health priar ta burial, cremation, or removal, and in any event, within 72 mours.	adi	nission) STATE NO 136 COUNTY reison Chance YES NO R
exe d c	14	FATHER'S NAME First 0 Middle Light, IS MORHER'S MAIDEN, NAME Eight 7 Middle, Lost
an an inc		Dame Oliver Halland Emile Ella Hickman
and and	16	
e se	1	Yes, na, ar unknown) (tryes give war or dates of servere)
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# i∰ i i i		18 CAUSE OF DEATH (Enter any one couse per the for (a), (b), ond, (c))  PART 1. DEATH WAS CAUSED BY.  APPROX.MATE NIEVAL BETWEEN ORSET AND DEATH  APPROX.MATE NIEVAL BETWEEN ORSET AND DEATH
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this be		of wark at work
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OR ATTENDING De retained by the INECTOR: After the 3 should be ded with the State		sow the deceased glive on19
Signature of the state of the s		22b. SIGNATURE 22c DATE SIGNED
Wilson Market		ATTENDING MED. STAFF
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A House	23	o BURIAL CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote)
5 5	1,4	FLINGRAL DIRECTOR ADDRESS 259 RECU BY REGISTRAR 5 SIGNATURE
VR A15 (4) 30M REV 1/68	24	ENDERAL DIRECTOR 250 REGISTRAR SUBNATURE  JOHN B. 1968 CHOPLE VALUE  LONG B. 1968 CHOPLE  LONG B
30M KEY 1768		yeun 17. Willow Suncisting allowed to the



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Middle 20 DATE OF DEATH First Lost 2b HOUR burial-transit permit. Then please/remove darban papers. Pages 4 and 2 burial, cremotion, or removal, and thony event, within 72 hours ofter death. requires that the death certificate be executed within 24 hours after death (Type or print) Month 3 SEX 4. RACE 6. AGE (In years TE JINDER 24 HRS lost\_buthday) HOURS December 70 BIRTHPLACE (State or foreign 76 CIT 7EN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED | NEVER MARRIED |X| Country) Pennsylvania Wicomico D VORCED [ I completely filled in WIDOWED [ 120 LSUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11 NAME OF HOSP TAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR General Hospittal mest of working life, even if retired) Salisbury None 130, USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER Kaywood Drive odmission) STATE YES K Salisbury 14. EATHER S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle last Raymond Hudson Dorothy McGee 16b. SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S ARMED FORCES? 17 INFORMANT Address Yes, no. or unknown) Raymond Hudson Media. Pennsylvan None APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per ring for (a), (b) and (c)) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave: burial-transit rise to immediate couse (a), signed by DUE TO, OR AS A CONSEQUENCE OF Poge 4 may be retained by the hospital or attending physician. stating the underlying couse PART 2-OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) **10 FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20e AUTOPSY? 206. IF YES WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO TX YES FT 21g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day Year (If either, notify medical examiner) / AT HOME, FARM, STREET FACTORY, 1 21F LOCATION Street or R.F.D No. 21d. INJURY OCCURRED 21e PLACE OF INITIRY City or Town County State While Not while at work 22a I certify that (I) (this hespital) attended the deceased from 50 (4 4, 1968, ta 30 (4 4, 1968, that (I) (see) last saw the deceased alive an 50 (4 4, 1968, and that ih (my) (see) opinion death accurred on the date and haur and from the causes stated abave, (1) (was) (did) (did not) view the bady after death. 22c DATE SIGNED STAFF DEGREE DIRECTOR PHYS 22d. PHYSICIAN'S 22e ADDRESS NAME (Type BUR AL, CREMATION 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify) Redmen's Cemetery Selbyville, Sussex 2Sb REGISTRAR'S SIGNATURE SUBERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR VR A15 (4) Ochania 30M REV, 1/68 Frankford Del

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1		10580	I	DIVISION O	F VITAL RECORDS		RESTON STRE ATE OF D		DRE, MARYLAND	21201	: ~5	3
and 2 death.		ASED NAME or print)	First HILD	Δ	Middle ELLEN	CLIVIIII	Last JONES		a. DATE OF DEATH	2 <sup>poy</sup>	1968	2b. HOUP)
	3. SEX			4 RACE			S DATE OF BIRT	TH .	July 6 AGE (in	veors	SF UNDER 1 YEAR MONTHS DAYS	112:35M
s. Hours of	F	emale		Wh	ite		Decembe	r 16,19	08 lost birth	YRS	MON-IDS PALIS	INDUKS WHI
17	70 BIR1	HPLACE (State or			WHAT COUNTRY?		NEVER MARRI	CD	OUNTY OF DEATH WICOMICO			
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1	14, [41			W COS	Willia		MOTHER'S MAIL	Ann	io	M COLE	Bryar	Last
		AS DECEASED EVER			16b. SOCIAL SECURITY	'NO.   17.	FORMANT (D	aughter		Address R		J
	Yes,	na, ar unknawn) No	(If yes give war	or dates of service]	216-56-0	1		_	ovatter, [			and
- 1	18		TH (Enter anly	one couse per	line for (a), (b) and (c			/ /	/	-	APPROXIA	NATE INTERVAL NSET AND DEATH
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		nditions, if any, v		(b)	mult	MA	Mel	Rata	1000			
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v	NO 19	o. DATE OF OPERAT	ION 195. CO	NDITION FOR 1	WHICH OPERATION WAS P	ERFORMED	20a AUTOPS	Y?	20b. IF YES, WERE CAUSES OF DEATH?		INSIDERED IN CE	RTIFYING
`-	E						YES	NO 🗌				
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	iğ (II	either, natify me	dical examine	r) P.f	A.	19						
		id. INJURY OCCUR Mile   Nat while	RED   21e. Pi	LACE OF INJUR	Y (AT HOME FARM, STREET, F. OFFICE BUILDING, ETC.	ACTORY.) 21f LC	CATION Street	ar R F.D. No.	City or Town		Caunty	State
	1D	wark <sup>™</sup> at wark		1 1 1	. I #4 .4 . h	1.6	7/2	10/15 8	1 600 600	/ 10	1 500 11.00	(1) ( ) )
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		causes sta	led abaye,	(I) (we) (gir	(did nat) view the	bady after o	leath.	( asi ) apiniai		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ic and naor t	ma neam me
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		4	WII	10	MARKE	7, DEGR	EE PHYS	DIREC	TOR PHYS.	Ju	1y <u>-19/</u>	1968
1	22	d. PHYSICIÁN S NAME (Type) [	Dr. E.	M. Bea	rdsley /		22e. ADDRI 211 M	ss laryland	Ave., Sal	isbur	y, Mary	/land
	23g B1	JRIAL, CREMATION,	23b. DA		23c. NAME OF	CEMETERY OR	CREMATORY	23	d LOCATION (City or 1	(awn)	(Caunty)	(State)
,	-	MOVAL (Specify)	July	/ 30,19					alisbury,			ryland
		NERAL DIRECTOR			ADDRES			ISa. REC'D BY RE		EGISTRAR'S		400
	HC	LLOWAY 8	5 COMPA	ANY. S/	ALISBURY, N	1AR YLAN	D	DATEJUL 3	0 1968	Learn Land	AND AND	7



1		- 0781	DIVISION OF VITAL RECORDS, 3	301 W. PRESTON STREET, BA ERTIFICATE OF DEATH	LTIMORE, MARYLAND 21201	10789
eath oral ond 2 eoth.		CEASED NAME First pe or print) DORSEY	Middle	LITTLETON	2a. DATE OF DEATH Menth Dea	26 HOUR am
th certificate be executed within 24 hours after death ing physician and completely filled in by the funeral Then please remove carbon papers. Pages 1 and 2 permovol, and in any event, within 72 hours after death	3 SE	male	4. RACE white	S DATE OF BIRTH Sept. 4	1880 6 AGE (In years last Bennady)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MAN
d in by pers. Pour	रवस्य	<sup>(y)</sup> Virginia	USA	8. MARRIED   NEVER MARRIED   WIDOWED A D. VORCED	9 COUNTY OF DEATH Wicomico	Md
within 2 ely fille bon pa		TY OR TOWN OF DEATH Salisbury	give We codiestico Na	ursing Home	SUAL OCCUPATION (Kind of work done	126 KIND OF BUSINESS OR INDUSTRY farm
complet ove cor y event,	admi	sion) STATEMaryland	rved, if institution: Residence before	Parsonsburg 1815	NO Zion Rd.	
be exumination of the control of the		ATHERS NAME First Frank	D. Middle Littleton		ne	Tatem
rrificate physicic en pleo ovol, on	16a y	TIO	or dates of service, 2/4-/2-50		y Gordy Caroline	Ave. Salis.
the deal	7	PART I. DEATH WAS CAUSED IMMEDIATI  Canditions if any which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  OTHORS CONTRIBUTING TO DEATH BUT NO	Set all of RELATED TO THE TERMINAL DISEASE OF	CALIFORNIA IN PART 1(a)	BETWEEN ONSET AND DEATH SURES
rsician: The low nospital or attendit certificate has bee the for use as the for use of the for of Health prior	MED.CAL	21a ACCIDENT WAS UNDERLYING  ☐ or contributing ☐ CAUSE OF DEATH (If either, natify medical examine 21d INITIALY OCCURED 121a F	HOUR A.M. Manth Day Year	YES NO	nter nature of injury in Part 3 or Part 2,	
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that Poge 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by a director, page 3 should be detached for use as the burial-transshould be filed with the State Dept. of Health prior to burial, crem		While Not while 220. I certify that (1) (this	haspital) attended the decease	d from (my) (aur)  9 5, and that in (my) (aur)  pody ofter deoth.  ATTENDING PHYS  129, ADDRESS	apinian death occurred an the d	DATE SIGNED 65
TO HOS Poge 4 TO FUN directe			1 1 .	Sons Cemetery	23d. LOCATION (City or Town) Salisbury D BY REGISTRAR 25b. REGISTRAR	(County) (State)
30M REV 1 68	Z4.	FUNERAL DIRECTOR Hill Funeral		bury, Md. DANJU		eles Judge



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. Middle **DECEASED NAME** First Last 20 DATE KNOWN Manth 2b HOUR (Type or Print) 2, and 3 to PM3 Page ESTI JAMES DEAN LOVELAND AM DEATH MATED IF UNDER 24 HRS 3. SEX 4 RACE 5 DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d HOUR W 3-9-67 16 M 7a B+RTHP\_ACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED K 9 COUNTY OF DEATH form Give Poges 1, with the Stote De USA Maryland WIDOWED DIVORCED [ Wicomico 10. GTY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (if not in base tol. 12a USUAL OCCUPATION (kind of work done 12b KIND OF BUSINESS OR Office along with during mast of warking I fe, even if ret red.) NDUSTRY. None Salisbury Peninsula General 13d INSIDE CITY JIM TS? 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CTY OR TOWN 13e STREET AND NUMBER deoth. 136 COUNTY USSOX admission) STATE Dagsboro YES NO X Route 1 Item 1 and 2 24 hours Middle 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Loveland Jean Unknown Barbara 16b SOCIAL SECURITY NO within 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS pencil (Yes, no, ar unknown) [1] yes give war or dates of service) Barbara Jean Loveland Dagsboro, De None APPROXIMATE INTERVA ⊆ executed 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH withi the Chief Medical PART I DEATH WAS CAUSED BY pe ding" permi Fibroelastosis of heart months IMMEDIATE CAUSE (0) event DUE TO, OR AS A CONSEQUENCE OF buriol-transit Canditians, if any, which gave nse ta immediate cause (a). This certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .= forworded to pub PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 0 removol 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? NO T YES 📆 e P should be ö 21g. EXTERNAL CAUSE WAS 215. TIME OF IN. JRY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) 3 should PRIMARY OR CONTRIBUTING HOUR A M. CAL EXAMINER: CAUSE OF DEATH 21a INJURY OCCURRED 21f LOCATION Street of R.F.D. No. 21e. PLACE OF INJRY (At home, form, street, City or Town County State factory, office building, etc.) FUNERAL DIRECTOR: Page AT WORK \_\_\_\_ AT WORK \_\_ 22a. I certify that I took charge of the remains described above, held an Autopsy 7 Inspection 7 Inquiry A. and in my apinian Accident . death resulted from Natural causes X Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER 1968 Royer. July 16. DEPUTY MEDICAL EXAMINER Camdon Ave., Salisbury, Eld ADDRESS(Street, city, town, or county) 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d BUR AL, CREMATION 23d LOCATION (City or Town) (County) 9/68 Bethel Cemetery Ocean View Sussex Del 24 FUNERAL DIRECTOR 2Sa REC'D BY REGISTRAR 256 REGISTRAR S SIGNATURE VR A15ME (5) Gray & Melson, Frankford, Del. 10M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301-W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Lost 20 DATE OF GEATH 2b HOUR fease remove corbon papers. Pages I and and in any event, within 72 hours after death (Type or print) ELIZABETH LUTES **EMMA** Higote be executed within 24 hours after di 3 SEX 4. RACE S DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR lost-birthday) June 27, 1925 White Female completely filled in by 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8 MARRIED NEVER MARRIED WICOMICO USA Maryland DIVORCED K WIDOWED . ] 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR Salisbury | give street oddress) | Peninsula General Hospital | during most of working life eyen if retired an INDUSTRY - Pos
| Positive Communication of working life eyen if retired an INDUSTRY - Positive Communication of the communication odmission) STATE Maryland 13b COUNTY Wicomico Calvin Drive Salisbury YES NO I 14. FATHER'S NAME Middle Lost 15. MOTHER'S MAIDEN NAME First Bertha Adkins Willie Owens Address Hastings Road [17. INFORMANT (Daughter) 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. Yes, na, or unknown) (If yes give war or dates of service) 219-14-3379 Mrs. Kaye L. Candy, Parsonsburg, Maryland buriol, cremotion, or removal 18. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave ) rise to immediate cause (a), stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES T 216 TIME OF INJURY 21g ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item IB) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town State While Nat while at work 22a. I certify that (1) (this hospital) attended the deceased fram..... 22c DATE SIGNED 22b. SIGNATURE ATTENDING STAFF PHYS. July 15/1968 DEGREE DIRECTOR 22d PHYSICIAN'S 22e. ADDRESS NAME (Type Dr. Richard Hughes Medical Center, Salisbury, Maryland 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) 230 BURIAL, CREMATION 23b DATE (County) (State) REMOVAL (Specify) Salisbury, Wicomico, Maryland July 16,1968 Wicomico Memorial Park 24. FUNERAL DIRECTOR HOLLOWAY & COMPANY, SALISBURY, MARYLAND 30M REV 1/68



		MARYLAND STATE DEPARTMENT OF HEALTH	
and the same of		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
		10784 CERTIFICATE OF DEATH	
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fulled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers: Togges 1 and 2 should be tiled with the State Dept. of Health priar to burial, cremation, ar remaval, and in any event, within 72 permit and the death		ssion) STATE Md. 136 COUNTY Orces ter locomoke YES NOW R.7. D.	
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requires that the death certificate g physician. n signed by the attending physician e burial-transit permit. Then pleas a burial, crematian, ar remaval, an		WAS DECEASED EVER IN . S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT (1 yes give wor or dates of service) 9/2/2 3389 For Language (1 yes give wor or dates of service) 9/2/2 3389 For Language (1 yes give wor or dates of service) 16b. Social SECURITY NO 17 INFORMANT (1 yes give wor or dates of service) 16b. Social SECURITY NO 17 INFORMANT (1 yes give wor or dates of service) 16b. Social SECURITY NO 17 INFORMANT (1 yes give wor or dates of service) 16b. Social SECURITY NO 17 INFORMANT (1 yes give wor or dates of service) 16b. Social SECURITY NO 17 INFORMANT (1 yes give wor or dates of service) 16b. Social SECURITY NO 17 INFORMANT (1 yes give wor or dates of service) 16b. Social SECURITY NO 17 INFORMANT (1 yes give wor or dates of service) 16b. Social SECURITY NO 17 INFORMANT (1 yes give wor or dates of service) 16b. Social SECURITY NO 17 INFORMANT (1 yes give wor or dates of service) 16b. Social SECURITY NO 17 INFORMANT (1 yes give wor or dates of service) 16b. Social SECURITY NO 17 INFORMANT (1 yes give wor or dates of service) 16b. Social SECURITY NO 17 INFORMANT (1 yes give wor or dates of service) 16b. Social SECURITY NO 17 INFORMANT (1 yes give wor or dates of service) 16b. Social SECURITY NO 17 INFORMANT (1 yes give wor or dates of service) 16b. Social SECURITY NO 17 INFORMANT (1 yes give wor or dates of service) 16b. Social SECURITY NO 17 INFORMANT (1 yes give wor or dates of service) 16b. Social SECURITY NO 17 INFORMANT (1 yes give wor or dates of service) 16b. Social SECURITY NO 17 INFORMANT (1 yes give wor or dates of service) 16b. Social SECURITY NO 17 INFORMANT (1 yes give wor or dates of service) 16b. Social SECURITY NO 17 INFORMANT (1 yes give wor or dates of service) 16b. Social SECURITY NO 17 INFORMANT (1 yes give wor or dates of service) 16b. Social SECURITY NO 17 INFORMANT (1 yes give wor or dates of service) 16b. Social SECURITY NO 17 INFORMANT (1 yes give wor or dates of service) 16b. Social SECURITY NO 17 INFORMANT (1 yes give wor or dates of service) 16b. Social SECURITY NO 17 INFORMA	n
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ING by t frer fate fate		22a. I certify that (1) this haspital) attended the deceased from	st
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Haring Haring		226. Date Signed	-
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AL DAG		22d, PHYSICIAN'S 22e. ADDRESS	_
Page 4 may be retained by the haspital arm of FUNERAL DIRECTOR. After this certificate director, page 3 shauld be detached far ushauld be filed with the State Dept. af Health		NAME (Type) NEVINS W. TODD MEDICAL GOTER - SALIS GURY, Md.	=
HO age Fur	230/	2011 A. CREMATION, 23b DATE 23c NAME OF CEMPTERY OR CREMATORY 23d OCATION (C ty or Jown) (County) (State)	
5- 5- 4	Lk	FUNDERAL DIRECTOR (A SADDRESS , 1250 REC'D BY REGISTRAR SIGNATURE	-
VR A15 (4) 30M REV 1/68	10	19 January 1 American Val Date JUL 2 4 1968 Charles Juan	
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME Nonefirst Lost 2a. DATE OF DEATH 26 HOUR requires that the death certificate be executed within 24 hours after death. s Pages I and Z hours after death by the funeral Pages I and (Type or print) Month Lizzy) Elizabeth Moore 6 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE (In years IF UNDER LYEAR F JNDER 24 HRS. last birthdoy) 1-30-1884 Female What te 70 BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED De laware USA DIVORCED [ Wicomico WIDOWED O TO CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospitol 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR Springhill Sanitarium during most of warking life, even if retired)
Housewile Salisbury 13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before 3c CITY OR TOWN 3d. INSIDE CITY LIM TS? 13e STREET AND NUMBER 13b COUNTY NO. Millaboro Jussex 14 FATHER'S NAME Middle Middle 15. MOTHER'S MAIDEN NAME First Wells Clarcie Donoway William B. 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes give war or dates of service) Yes, no. or unknown) burial, crematian, ar removal, 222-24-1692 Grapo. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c) PART I. DEATH WAS CAUSED BY: signed by the attending burial-transit permit. The IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave ) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF be retained by the hospital ar attending physician. stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/6/1 O FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the should be filed with the State Dept. of Health priar ta l 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? YES 🔲 NO [ 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County State While Nat while of wark causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING MED DIRECTOR DEGREE PHYS PHYSICIAN S 22e. ADDRESS NAME (Type) Phalip A. Insley M.D. 116 East Majn St. Salisbury. 23b. DATE 231 NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) (State) sethe] Willards Wicomi RECO BY REGISTRAR **ADDRESS** 25b. REGISTRAR S SIGNATURE Selbyvill 30M REV. 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Eirst Middle Lost 20 DATE OF DEATH 2b HOUR death 24 haurs after death. funeral (Type or print) July Manth 19680 8: JOAM GEORGE Res O'NEAL 6 AGE (In years 4 RACE DATE OF BIRTH HE LUNDER 1 YEAR 3 SEX last birthooy) HOURS White Male remave carbon papers. 7o. BIRTHPLACE (Stote or foreign 76 CIT-ZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED T NEVER MARRIED country WICOMICO WIDOWED TO DIVORCED [ completely filled IO CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPAT ON (Kind of work dane 12b K ND OF BUSINESS OR The law requires that the death certificate be executed within during most of working fe, even if retired } give street address) INDUSTRY State Mospital Salisbury Ide. STREET AND NUMBER 13o. USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c. CITY OR TOWN 13d INSIDE CITY LUMITS? admission) STATE Marry Land Wicomico YES NO 509 East Street Delmar 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME First Middle Last Middle First 160. WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes, no. or unknown) (11 yes give war or dates of sarvice) 166 SOCIAL SECURITY NO 17 INFORMANT Address Yes, no, or unknown) burial, crematian, ar remeva 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Recurrent cerebral vascular accident signed by the attenda day IMMEDIATE CAUSE (a) DUE TO. OR AS A CONSEQUENCE OF Conditions, if any, which gave ) Generalized arteriosclerosis Years rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) FUNERAL DIRECTOR: After this certificate has been as the prigrto 206. IF YES WERE FINDINGS CONSIDERED IN CERTIFYING 19g, DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? YES [ NO 🗺 far use detached far use te Dept, of Health 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year PM (If either, natify medical examiner) director, page 3 should be detache should be filed with the State Dept. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D. No. 2 d JNJURY OCCURRED City or Town County Stote White Nat while ot wark 220. I certify that (IX (this haspital) attended the deceased from September 191967, ta July 23, 19 68, that (IX) (we) last saw the deceased alive an July 23 19 68, and that in (XXV) (our) opinion death occurred on the date and hour and from the causes stated above, (Ir (we) (did) (singraf) view the body after death. 22h SIBRUTURE 22c DATE SIGNED ATTENDING 7/23/68 DIRECTOR Maryland 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Deer's Nead State Hospital, Salisbury Mitchell. Μ. 23c. NAME OF CEMETERY OR CREMATORY BURIAL CREMATION (County) 23b. DATA (Stote) REMOVAL (Specify) 0 24 FUNERAL DIRECTOR 256 REGISTRAR'S SIGNATURE REC'D BY REGISTRAR VR ASS 30M REV 1768 1968 6



			MARYLA	ND STATE DEPARTMENT OF	HEALTH	
1		a che n	DIVISION OF VITAL RECORDS	S, 301 W. PRESTON STREET, BAL	TIMORE, MARYLAND 21201	. ~ G
1		600		CERTIFICATE OF DEATH		A
글 8글		ECEASED NAME First	M.ddle	Last	2a. DATE OF DEATH	2b HOURA
eat and eat	(	(ype or print)	7404	Autten.	Month Day	Year 4:304
F /2 12 13	3 5	X	4. RACE	5. DATE OF BIRTH	6. AGB (In years	IF UNDER 1 YEAR
<b>a</b> (24)	1	Female	White	Aug. 14,	1881 lass of heavy) YRS	MONTHS DAYS HOURS ANN.
Si de si	7a	BIRTHPLACE (Stote or foreign	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9, COUNTY OF DEATH	
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RAL RAL be f		NAME (Type) Wil	bur R. Ellis,	Jr. Salisb	ury, Maryland	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Heath entiticate be executed within 24 haurs after death Page 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carban pagers. Page 3 shauld be filled with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death	220	BURIAL, CREMATION, 23b I		OF CEMETERY <b>OF EXPLOSION</b>	23d LOCAT ON (City or Town)	(County) (State)
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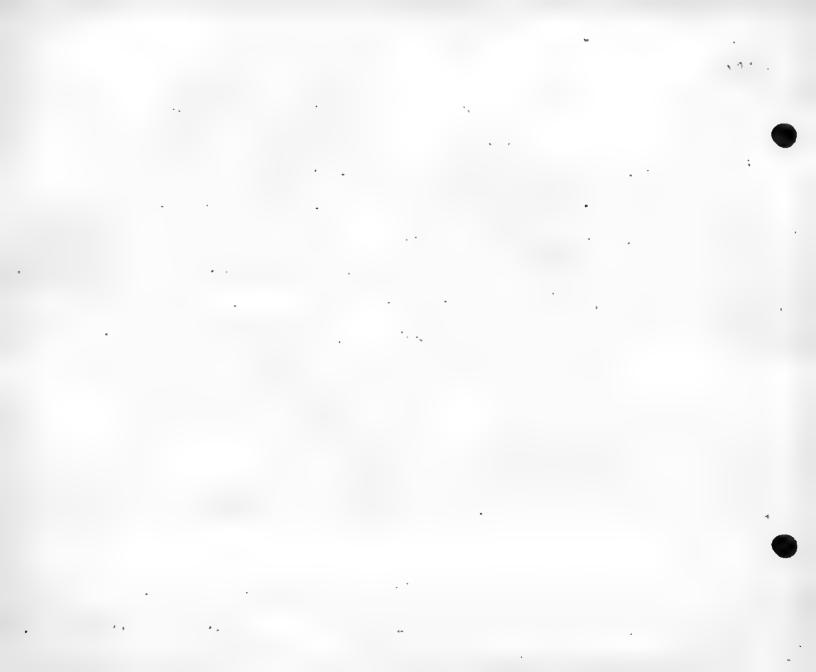
DIVISION OF VITAL RECORDS, 307 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 . . . . 3 ... CERTIFICATE OF DEATH 1 DECEASED-NAME Lost 20. DATE OF DEATH 2b. HOUR First (Type or print) RUBY BEATRICE PARS ONS Month 0 Jul v 968 3 SEX 4 RACE 5 DATE OF BIRTH 6. AGE (In years IF LINDER I YEAR F UNDER 24 HRS. executed within 24 haurs after (ast birthday) bve carban papers. Pages y event, within 72 haurs aft March 13, 1908 Female White 7o. BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED country) ampletely filled in DIVORCED [ USA WIDOWED [7] WICOMICO Maryland 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (of not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street oddress) Peninsula General Hospita INDUSTRY Salisbury 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 113c CITY OR TOWN 13e STREET AND NUMBER 3d INSIDE CITY LIBITS? odm ssion) STATE Maryland 13b COUNTY Wicomico 109 W. Vine Street Salisbury . YESK NO. 14 FATHER'S NAME Middle 15 MOTHERS MAIDEN NAME First Middle Last rem Georgia Anna Horsman Ichabod Hamilton **Fvans** Address 109 W. Vine St. PHYSICIAN: The law requires that the death certificate 17 INFORMANT (Husband) 16b. SOCIAL SECURITY NO 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (It yes give war or dates of service) Yes, no. pr unknown) physi Mr. Milton J. Parsons, Salisbury, Maryland burial, cremation, ar remaval, 217-52-0618 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per fine for (a), (b), and (c).)
PART I DEATH WAS CAUSED BY BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions if any, which gove) rise to immediate couse (a) DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital ar attending physician.

O FUNERAL DIRECTOR: After this certificate has been signed by stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION as the priar tak 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? 190 DATE OF OPERATION CAUSES OF DEATH? PYLORIC OBSTRUCTION 165 YES-Z NO [ af Health 210. APCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 101 TO DR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM. STREET FACTORY.) 21f LOCATION Street or R.F.D. No State City or Town County While Not while of work 22a. I certify that (1) (this haspital) attended the deceased fram 3017 5, 1968, to 201726, 1968, that (1) (we) last sow the deceased alive on 1968, and that in (my) (our) apinion death occurred on the date and hour and from the couses stated abave, (1) (we) (did) (did not) view the body after deoth. 22c. DATE SIGNED 22b. SIGNATURE MED. DIRECTOR ATTENDING director, page 3 shauld be filed v M DEGREE 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) Dr. William B. Long Medical Center, Salisbury, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) 230 BURIAL CREMATION 23b. DATE REMOVAL (Specify) July 29, 1968 Springhill Memory Gardens Salisbury, Wicomico, Maryland 25b REG STRAR S SIGNATURE 24. FUNERAL DIRECTOR Ochorles HOLLOWAY & COMPANY, SALISBURY, MARYLAND 1968 30M REV

MARYLAND STATE DEPARTMENT OF HEALTH



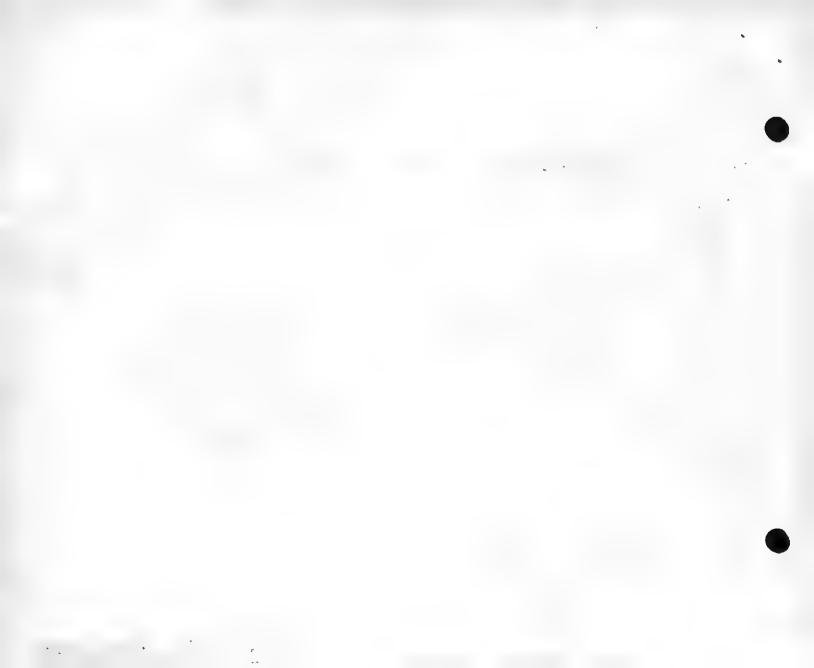
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Midd'e Last 2n. DATE OF DEATH First 2b. HOUR campletely filled in by the fund at laye carban papers. Pages I and y event, within 72 hours after death (Type ar print) Month Day Year 68 5. DATE OF BIRTH 3 SEX 4. RACE 69AGE (In years IF UNDER 1 YEAR IE UNDER 24 HRS. requires that the death certificate be executed within 24 haurs after last birthday) 3/25/1903 7a BIRTHPLACE (State or foreign 75. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8 MARRIED TO NEVER MARRIED country) ryland Wicomico WIDOWEDS DIVORCED [ 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR Hospitel st of working life, even fretired) INDUSTRY Salisbury General YES NO THE NO 13a USJAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13e STREET AND NUMBER admission) STATELIC 13b COUNTY O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and codirector, page 3 shauld be detached far use as the burial-transit permit. Then please fettra should be filed with the State Dept of Health prior to burial, cremation, ar remaval, and in any 14 FATHER S NAME Middle IS MOTHER'S MAIDEN NAME First Last Jones Brotten Ida Jones 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Address Yes, pa, or unknown) (If yes give war or dates of service) 18 CAUSE OF DEATH (Enter only one cause per line for (#17)(b), and (c)) BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE, OF Conditions, if any, which gave ) nse ta immed ate cause (a). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital or attending physician. stating the underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 90. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? CAUSES OF DEATH? YES [ HO [ 21a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Day Year (If either, natify medical examiner) P.M 21d INJURY OCCURRED ( AT HOME FARM STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 218. PLACE OF INJURY State City or Town County While Nat while at wark 220. I certify that (I) (this hospital) attended the deceased from 7-9, 1967, to 7-10, 1968, that (I) (we) last saw the deceased alive on 7-9, ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (i) (we) (did) (did nat) view the body after death 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED DIRECTOR DEGREE PHYS. 22e. ADD ESS PHYSICIAN S 22d NAME (Type) 23b. DATE OR CREMATORY 23d. LOCATION (City of Town) 23a. BURIAL, CREMATION (County) REMOVAL (Specify) Church Quntico Ticomico 2So REC'D BY REGISTRAR 25b REGISTRAR S 5 GNATURI 24 FUNERAL DIRECTOR DATE JUL 18 1968 30M REV 1/68



		1		MARTLAND STATE DEPARTMENT OF HEALTH
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(1)	MARYLAND STATE DEPARTMENT OF HEALTH	
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
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te death certificate b attending physician permit Then please ian, a re payor) and i	18 CAUSE OF DEATH (Enter only one couse per time for (a) (b), and (c))  PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  PUMON ARY  SEMANT LOGGE	O DEATH .
it the c the att sit per natian	Canditions, if any, which gave)  (b) Whomic Brow Chites	
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached for use as the burnel-transhould be filed with the State Dept. of Health priar to burnel, creating the state of	22a I certify that (I) (this hespital) attended the deceased from 34 4, 1968, to 34, 1968, that (I) saw the deceased alive an accurred and the deceased from 1968, and that in (my) (evr) apinian death accurred and the date and hour and causes stated abave, (I) (we) (did) (did eat) view the body after death.	last
OR AT be retail DIRECTO	226 SIGNATURE PLANE C. HOD & MED ATTENDING MED DIRECTOR D STAFF DULY 6, 196	8
TO HOSPITAL Page 4 may I TO FUNERAL director, pag		nd.
direct	230 BURIAL CREMATION, 23b DATE 23c. NAME OF CEMETERY ON EXEMPTION (City or Town) (County) (SI BURIAL CREMATION) Fully 8: 1968 Springhill Methodist Girlletree Maryland	ate)
VR A1E (4) 30M REV 1/68	24 FUNERAL DIRECTOR 250. REC'D BY REGISTRAR'S SIGNATURE	
30M KEA 1\QQ	forman of Africa, Snow Hill, Mel. Jul - 8 1968 fellower fing.	



		MARYLAND STATE DEPARTMENT OF HEALTH
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
fo"		Them 13 a Film 3 h03 8/2/68 llw CERTIFICATE OF DEATH
: N d	1. D	CEASED-NAME First Middle Lost 20 DATE OF DEATH 2b HOUR
	(1	YPE OF PRINT EUGENE T. RICHARDSON JULY Month 23 1968 32N
2/23	3 5	X 4. RACE S. DATE OF BIRTH 6 AGE (In years I FUNDER LYEAR ) FUNDER 24 HRS.
offer death		MI VIH ITE JULY 2, 1913 lost bithday) YRS, MONTHS DAYS MOURS MIN
m by bours	70.	IRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH
physicion and completely filled in by/len pleose remove carbon popers. Pa ovol, and in ony event, within 72 boers	con	
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with with		Salisbury Peninsula General Hospital (14) No (1720) INDUSTRY
d v dete	13a	LSUAL RESIDENCE WHere deceased lived if institution: Residence before 13c CIFY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER
omp ve ve	adm	SSOPI) STATE. YESTA NO
ate be executed vicion and complets leose remove carl and in ony event.	74	ATHER'S NAME ITST Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
be dan in c		THOMAS RICHARDSON HENRIETTA FRUITT
rie cion and	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 117. INFORMANT
iffice bysi of,		es, no, or linknown) [If you give for or dates of service] 322 03-584) Mrs. English Till Shartson 32
that the death certific an. by the otherding physiconsit permit. Then p cremation, or removol,		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  APPROXIMATE INTERVAL BETWEEN DISET AND DEATH
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ICIAN: The law repited or extending rifficate has been defor use as the of Health prior to	CERTIFICATION	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.)
IAN ol o ficat for for		OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year
HYSICIA hospitol certific iched fo	MEDICAL	(If either, natify medical examiner) P.M 19  216 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM STREET, FACTORY) 21f. LOCATION Street or R.F.D. Na. City or Town County Stote White Not white 1
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OR ATTENDING PI be retoined by the DIRECTOR: After this je 3 should be dete ed with the State De	П	
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ATTENE stoined TOR: A should ith the		causes stated abave, (1) (we) (did) (did nat) view the logary after death.
OR A Doe ret DIRECT	1	ATTENDING MED. STAFF
TAL ON DE AL DIF		Direction of the second of the
Mmoy RAL Po		22d. PHYSICIAN'S NAME (Type) 22e. ADDRESS
DSP NEI old	22	BURIAL CREMATION, 23b. DATE / 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stgle)
Poge 4 moy be retoined to FUNERAL DIRECTOR: A director, poge 3 should be filed with the	230	BURIAL, CREMATION, 23b. DATE 7 6 8 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
F 5 0	24	FUNERA, DIRECTOR ADDRESS / 2SO REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE
JOM REVISE	14.	Anne R. Bubage Belin Mg DATUUL 2 6 1968 Charles Judge



		10794	DIVISION OF			STON STREET, BALT TE OF DEATH	IMORE, MAR	(LAND 21201	* 4 A A	4-4
. 1	DEC	EASED NAME First	-	M ddłe		Last	20 DATE OF D			26. HOUR
700	(Ty	pe or print) FLC	SSIE	LEE	RIC	HARDSON		Ju Month	<sup>1</sup> 7968	10 Pm
3	SEX		4 RACE			DATE OF BIRTH		AGE ( n years		UNDER 74 HRS.
L		Female		ite		uly 3, 1924		last huthday)		
70	o. Bl aunt	-1	7b. CITIZEN OF WH.	AT COUNTRY?		NEVER MARRIED [	9. COUNTY OF D	EATH		
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12	2- 1	ISUAL RESIDENCE (Where decease	Pen	insula Gen	eral Ho	spital during m Owne	r & Opel	ET AND NUMBER	Apt. H	ouse
00	dmis:	sion) STATE Maryland		Worcester			. — 1	er and number		
H	A EA	THER'S NAME First	Middle	Lost		OTHER'S MAIDEN NAME	- Dei	Middle	way	Last
"	4 11	William	Karr	Spr			herine	Milguig	Mess	
$\mathbf{h}$	6a 1	WAS DECEASED EVER IN ILS ARA		16b. SOCIAL SECURITY NO		RMANT (Husband		Address	Beach High	
1	Ye	s, na, ar unknawn) (If yes give w	ar or dates of service)	215-20-226		I. Stanton				
F		8. CAUSE OF DEATH (Enter on	ly one cause per lin	e for (a) (b) and (ch)	2	- 1			APPROXIMA OFTWEEN ONS	E INTERVA.
П	1	PART I. DEATH WAS CAUSE	BY: TE CAUSE (a)	witter	ste (	CVA			2	
П	1	4370		A CONSEQUENCE OF	0 (		0 0/	3 1-	0 8	
	ŀ	Canditions, if any, which gave	(b) A	rtemos	n (52 n E)	ue (ere	Mex C	wen	~X 2 14	Maria
H		rise to immediate cause (a), ( stating the underlying couse(	DUE TO, OR 'A	STA CONSEQUENCE OF			Trise	Lean.		
		ast.	(c) <u>i</u>	moule	~in	7			Mar BC	more
		PART 2 OTHER SIGNIFICANT COM	IDITIONS CONTRIBUT	ING TO DEATH BUT NO	RELATED TO TH	IE TERMINAL DISEASE ORG	CONDITION GIVEN	IN PART 1(a)		
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	CERTIFICATION	9a DATE OF OPERATION 19b	CONDITION FOR WHI	CH OPERATION WAS PERI	ORMED	200 AUTOPSY?	CALISES	'ES, WEKE FINDINGS DF DEATH?	CONSIDERED IN CER	HEYING
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	3	OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M.	Manth Day Year	ZIC. HUW	INDUL OCCURRED (EITE	i indinia di ililary	IN FULL OF PURT	c, nen 10.j	
	<u>ا ا</u>	If either, natify medical examination 21d. INJURY OCCURRED 21e.		AT HOME, FARM, STREET, FACTE	ORYA 216 LOCAL	TION Street at R.F.D. No	(itu a	r Tawn	County	State
	П	While Mat while						/ /	, ,	
	1	at work at work (1) (the saw the deceased a causes stated abave	is haspital) atte	nded the decenser	from	. 19	, ta	9/1/1	9 68 that !	l) (we) Inst
		saw the deceased a	live are	7/1/19	6 % and t	nat in (my) (por) ap	inian death ac	curred an the	date and haur ar	id from the
	-	causes stated abave	, (I) (ye) (did) (	digital) view the b	ady after dec	ith.		1 00	DATE CICHED	
1	-	22b. SIGNATURE	1460	7	DEGREE	ATTENDING 173	AED -	STAFF	DATE SIGNED	- (0
1	ŀ	22d. PHYSICIAN'S			DEGREE	PHYS Lad C	DIRECTOR L	PHYS. L.J	uly on/1	968
		NAME (Type) Dr. Q	J/ Burt	on		Medical (	Center,	Salisbur	y, Mary1a	nd
) 2	3 <sub>0</sub> .	BURIAL, CREMATION, 23b.		23c. NAME OF C				(City or Town)	(County)	(State)
L			ily 5,196	4	Cemete				mico,Mary	land
12	24. F	UNERAL DIRECTOR	MD ANN A	ADDRESS	ABDVI CN		registrar - 8 1968	2Sb. REGISTRAN	e's signature	,
F	_	HOLLOWAY & CO	MPANY, SA	FI2ROKA' 1	TAKTLAN	D DOUL -	0 1000			



MAKTLANU STATE DEPAKTMENT OF HEALTH



- 1		4	MARYLAND STATE DEPARTMENT OF HEALTH
-3	- 1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
			CERTIFICATE OF DEATH
	# A ~ #		ECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR
	# (12)	1	Type or print) DALLAS Robinson To 27 Ear 10a.M
	F 2 F	3 5	EX 4 RACE S DATE OF BIRTH 6. AGE (In years Funder 12AR IF UNDER 12AR IF UNDER 24 MRS
	haurs after n by the s. Pages haurs afte		mele White May 18, 1892 lose biglodov) YRS. MONTHS GAYS HOURS MIN
	f hauri		BIRTHPLACE (Stote or foreign   7b. CITIZEN OF WHAT COUNTRY?   8 MARRIED   NEVER MARRIED   9. COUNTY OF DEATH   9.
	filled filled pap hin 7	10	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done   12b KIND OF BUSINESS OR
	with ban wit		delmos 101 cost of Relief Plumber Fige
	Page 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages should be filed with the State Dept. of Health priar to burial, crematian, ar removal, and in any event, within 72 haurs after	adm	LSLAL RESIDENCE Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13d MODIE CTY LIMITS? 13e STREET AND NUMBER 7 13s STREET AND NUMBER 7 13c STREET AND N
	and remo	14.	FATHERS NAME First Middle Robinson IS. MOTHERS MAIDEN NAME First Middle Lost
	ian sase	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT Address 1
	physic physic or ple oval, c		(es, ng, or unknown) (14 yes give wor or doles of service) 2/4-28-8049 Mrz Dertra Poliman Delmy Med
	ing The		18 CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c) )  PART I. DEATH WAS CAUSED BY:
	endi mit. ar r		IMMEDIATE CAUSE (0) Cardies Fullure 2 months
	att att		4/24 DUE TO, OR AS A CONSEQUENCE OF
	the mat	1	(andihans, if any, which gave) (b) arterior level heart disease (c)
	를 한 호 를 를		storing the underlying couse DUE TO, OR AS A CONSEQUENCE OF
	ysic ysic ned rial- rial,		lost. (c)
	asign and a special sp		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
	ding ding een the ar to	ö	19g DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
	O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital ar attending physician. D FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be aetached far use as the burial-transhould be filed with the State Dept. af Health priar to burial, cre.	CERTIFICAT	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY?  YES NO CAUSES OF DEATH?
	I ar ate		21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)  1 OR CONTRIBUTING (Enter nature of injury in Part 1 or Part 2, Item 18)
	P S S S S S S S S S S S S S S S S S S S	DICAL	(If either, notify medical examiner) P.M. 19
	PHYS e hosphis ce stache Dept.	W	21d INJURY OCCURRED Value of INJURY (AT HOME FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No. City or Town County State at work of work
	NG V th ver t e d		220. I certify that (I) (this hospital) attended the deceased from 3/3/, 1956, to death 19 that (I) find last
	NDI Ab d b d b d b e Si		22o. I certify that (I) (this hospital) attended the deceased from 3/3/, 1956, to death, 19, that (I) (we) lost sow the deceased alive an 7/16, ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.
	OS de la company		
	MAT WITH WATER		226 SIGNATURE  ATTENDING  MED  STAFF  PHYS  7/30/68
	o de		The state of the s
	ERAL ERAL Dr. po		PHYS CIAN'S NAME (Type) Ernest M. Larmore 22100 Grove St. Delmar, Del. 19940
	HOS Juge L	236	BURIAL (REMATION, 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d JOCATION (GITY OF TOWN) (County) (State)
	5 5 5 5 V		British 3/1/68 Kwatoun Con Revertion Reconer Mil
	SOM REV 168	24.	FUNERAL DIGESTOR  ADDRESS  ADDRESS  25d. REC D BY REG STRAR  25d. REGISTRAR'S S GNATURE  DATE JUL 3 1 1968  ACTION LANGE STRAN  DATE JUL 3 1 1968
			The state of the s



- 1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	****
	I & 1813a, from birth certif. 7/2 CERTIFICATE OF DEATH	12 + 3
\$	Sierrain Pay Aliconette Middle Robinson July Manth Day 15	eor 20 Hour
3.	3. SEX  A RACE  S DATE OF BIRTH  C D-15-65  Ost birthday)  YRS.  1F UNDER  MONTHS  YRS.	DAYS HOURS MIN.
	70 B.RTHPLACE (State or foreign to citizen of what country?  **MARRIED   NEVER MARRIED   9. COUNTY OF DEATH WIDOWED   DIVORCED   WICO.	mico M
10	10. CITY OR TOWN OF DEATH  II NAME OF MOSPITAL OR INSTITUTION (M not in hospital  120 USUAL OCCUPATION (Kind of work done during most of working life, even if retired)  Reninsula General Hospital	CIND OF BUSINESS OR STRY
13	13c USUAL RES DENCE (Where deceosed lived, if institution Residence before lac CITY OR TOWN admission) STATE 13b. COUNTY COMICO Quantico YES NO Rt. #1. Box 231	
14	14 FATHER'S NAME FIRST Middle Loss Is MOTHER'S MAIDEN NAME FIRST Middle Levin Loss Publisher Sara Jane	Cook
Ī	160 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no. or unknown) (11 yes give wer or dores of service) 16b. SOCIAL SECURITY NO 17. INFORMANT 1	Md
	1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  Previous  IMMEDIATE CAUSE (a)	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
ı	Conditions, if any which gove)  DUE TO, OR AS A CONSEQUENCE OF  Townsatority  (27 WKs)	
	stoting the underlying cause  DUE TO, OR AS A CONSEQUENCE OF	
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	21a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY  21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item IB)  33 CITY (Feither, notify medical examiner)  34 INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item IB)  45 INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item IB)  46 INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item IB)	
	21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County While at work at work	y State
	220. I certify that (I) (this hespital) attended the deceased from	, that (i) (we) lo: hour and from th
	226. SIGNATURE Chester & Colles Par Degree Phys Director Director Phys. D 7-14	
	22d. PHYSICIAN S NAME (Type) 22e. ADDRESS 22e. ADDRESS	
2	230. BURIAL (REMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Count 35 MOVAL (Specify) 7/6-68 HEAD - OF - CABER QUANTICO WIC.	(Stote)
0 2	24 FUNERAL DIRECTOR 250, REC D BY REGISTRAR 256 REGISTRAR 5 SIGNATU	RE



		MARYLAND STATE DEPARTMENT OF HEALTH	
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	`()(,
н	1	CERTIFICATE OF DEATH	
ī		CEASED NAME First Middle Last 20 DATE OF DEATH	2b HOUR
	(1)	(BABY GIRL) ARLERNA QULL Month	Doy Year S A. M
3	SE	4 RACE S DATE OF BIRTH / G AGE (In years	IF UNDER EYEAR F JHDER 24 HRS.
	7	Zemale White July 12, 1968 Jost birthdoy) YR	MONTHS DAYS HOURS MIN
		IRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED IN NEVER MARRIED 9 COUNTY OF DEATH	
ľ	oun'		Wicomico Md.
ī	0. (1	TY OR TOWN OF DEATH	e 12b KIND OF BUSINESS OR
ı		Salisbury Peninsula General Hospital None	None
		USUAL RESIDENCE (Where deceosed lived, if institution Residence befare 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER	
l°	idmi:	Sister Maryland 136 COUNTY Wicomico Salisbury YES NO 230 Ohio AV	/enue
Ī	4 F	ATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle	lost
		Ronald David Salerno Charlotte Ann	Hammond
	60	WAS DECEASED EVER IN ILS ARMED FORCES?   IAb. SOCIAL SECURITY NO   17 INFORMANT FOR The T	307 Cherryway
L	71	os, no or unknown) (If yes give well or dates of service) Mr. Ronald D. Salerno, Salist	oury, Maryland
Ī		18. CAUSE OF DEATH (Enter only one cause per line for (g), (b), and (c)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ı		PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) ASPINATION THRUMONITIS	
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ı		Conditions, if ony, which gave) (b) TEVINSTED TYPOXIZ	
1		nse to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF	38810X
1		loss. 1) 1) dechts theolog	20 HVS
ı	I	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
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ı	CERTIFICATION	19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDING CAUSES OF DEATH?	S CONSIDERED IN CERTIFYING
ı	EEE	TESNO	
		21a ACCIDENT WAS UNDERLYING   21b TIME OF INJURY   21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port   21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port   21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port   21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port   21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port   21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port   21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port   21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port   21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port   21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port   21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port   21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port   21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port   21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port   21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port   21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port   21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port   21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port   21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port   21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port   21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port   21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port   21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port   21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port   21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port   21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port   21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port   21c HOW INJURY (Enter noture of injury in Part 1 or Port   21c HOW INJURY (Enter noture of injury in Part 1 or Port   21c HOW INJURY (Enter noture of injury in	2, Item 18.)
ı	MEDICAL	(If either, notify medical examiner) P.M. 19	
ı	₹	21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R F D No. City or Town While Not while	County State
ı		at work ot work	
ı		220. I certify that ((1) (this hospital) ottended the deceased from 7/2, 19/2, ta , 19/2, saw the deceased alive an 19/2, and that in (my) (our) opinion death accurred on the courses stated above ((1)/(we) (aid) (did nat) view the body after death.	1900, that (1) (we) last
П		couses stated above (1) (we) (did) (did nat) view the body after death.	date and nour ond from the
ı		22h SIGNALURE	ZE DATE SIGNED ,
ı		OF STAFF DIRECTOR D STAFF DIRECTOR D PHYS D	7//3/68
ı		22d PHYSICIAN S 22e ADDRESS C C	^
		NAME (Type) Dr. Alfred C. Kolls Medical Chile, Ja	berny mil
Ī	23a	BUR AL CREMATION, 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town)	(County) (State)
			omico,Maryland
1	24.	FUNERAL DIRECTOR ADDRESS 250. REC D BY REGISTRAR 25b REGISTRA	AR'S SIGNATURE
		HOLLOWAY & COMPANY, SALISBURY, MARYLAND DAZUL 16 1968 gclis	wear Judge



3. SEX FEMBLE White June 2, 1890 Femble White June 2, 1890 Femble White June 2, 1890 Femble Femble Femble Femble White June 2, 1890 Femble Fem	CERTIFICATE OF DEATH  1. DEEASED-NAME FIRST	4	1	~ ~ ~ ~ ~ ~ ~	DIV		D SIAIE DEPAKIN				
ADA   PEARL SHORT   Morally Day 1968   9:30PM   3. SEX   4 RACE   5 DATE OF BIRTH   6 ACC (In years) get brindery   YES   Morally   Day 1968   9:30PM   3. SEX   4 RACE   5 DATE OF BIRTH   6 ACC (In years) get brindery   YES   Morally   Day 1968   Morally   YES   Morally   Day 1968   Day 1968   Morally   Day 1968	ADA   PEARL   SHORT   July   Boy   1968   9:30P			2 . 34	DIV				may manual and a raw i	, ,	) ;
Female  White  June 2, 1890  TREMINDAME (Stole or foreign country)  Maryland  USA  SARRIED   MEVER MARRIED   WIDOWED   SUNDRED   VEST   WIDOWED	FERMALE   State or foreign   76. CHIZEN OF WHAT COUNTRY   8 MARRIED   NEVER MARRIED   9. COUNTY OF DEATH   WIDOWED   NO COUNTRY   WIDOWED   NEVER MARRIED   9. COUNTY OF DEATH   WIDOWED   NO COUNTRY   WIDOWED   W									158	2b. HOUR 9:30Pm
70. BIRTHPLACE (State or foreign country)   Maryland   USA   WIDOWED   S DIVORCED   USA   WIDOWED   WIDOWED   WIDOWED   Usa   WIDOWED   Usa   WIDOWED   Usa   WIDOWED   Usa   WIDOWED   Usa	70. BIRTHPLACE (State or foreign contril)   Maryland   USA   WIDOWED   WIDOWED   WIDOWED   STATE   WIDOWED   WIDOW		3. SE		4				6 AGE (In yeors last birthday) 78 YRS.	and the same of th	
10 CITY OR TOWN OF DEATH   11. NAME OF HOSPITAL OR INSTITUTION (If nor in haspinal   12a USUAL OCCUPATION (Kind of work done   12b KIND OF BUSINESS OR   100   100 KIND   100	II. NAME OF ROSPITAL OR INSTITUTION (if not in hospital South Occupation)   I/O LISTANCE CHAPTER OF ROSPITAL OR INSTITUTION (if not in hospital proving-read city red to 1 work done of work of		7a, 1	BIRTHPLACE (State or forei	gn 7b. C	CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MA	ARRIED 9. C	COUNTY OF DEATH		Mo
The filter of the control of the c	County   C	)		TY OR TOWN OF DEATH		Peninsula Ge	eneral Hospi	ta purippraet	CCUPATION (Kind of work done	12b KIND OF B INDUSTRY Nursin	USINESS OR
Gordon W. McLain Lavina West  160 WAS DECEASED EVER IN U.S. ARMED FORCES? NSO. Or Unknown)  18. CAUSE OF DEATH (Enter only one cause per une far (a), (b) and (c)) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSCOURNE OF OST TO Immediate cause (c), stoting the underlying cause (b)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN FART I(c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN FART I(c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN FART I(c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN FART I(c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN FART I(c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN FART I(c)  PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED  200 AUTOPSY? YES NO CAUSED TO THE TOTAL OF THE	Gordon W. McLain Lavina West  160 WAS DECEASED EVER IN U.S. ARMED FORCES?  185 SOCIAL SECURITY NO 218-16-9477A Mrs. Eva Mae Townsend, Salisbury, Maryland  218-16-9477A Mrs. Eva Mae Townsend, Salisbury, Maryland  18. CAUSE OF DEATH (Enter only one cause per une for (a), (b) and (c))  PART I. DEATH WAS CAUSED BY.  Conditions, if ony, which gove inset to immediate cause (c), stoting the underlying cause (c), stoting the underlying cause (c).  190 DUE TO, OR AS A CONSEQUENCE OF TOWN TOWNS IN THE MARK INCOMPANT OF TOWN INJURY OCCURRED (Enter noture of injury in Port I or Port 2, Item 18.)  210 AUTOPSY?  210 AUTOPSY?  210 AUTOPSY?  210 AUTOPSY?  210 AUTOPSY?  211 AUCTOENT WAS UNDERLYING  212 INJURY OCCURRED (Enter noture of injury in Port I or Port 2, Item 18.)  212 INJURY OCCURRED (Enter noture of injury in Port I or Port 2, Item 18.)  213 INJURY OCCURRED (Enter noture of injury in Port I or Port 2, Item 18.)  214 INJURY OCCURRED (Enter noture of injury in Port I or Port 2, Item 18.)  215 INJURY OCCURRED (Enter noture of injury in Port I or Port 2, Item 18.)  216 INJURY OCCURRED (Enter noture of injury in Port I or Port 2, Item 18.)  217 INJURY OCCURRED (Enter noture of injury in Port I or Port 2, Item 18.)  218 INJURY OCCURRED (Enter noture of injury in Port I or Port 2, Item 18.)  218 INJURY OCCURRED (Enter noture of injury in Port I or Port 2, Item 18.)  219 INJURY OCCURRED (Enter noture of injury in Port I or Port 2, Item 18.)  220 I Certify that (I) (this hospital) Ottended the deceased from any or injury in Port I or Port 2, Item 18.)  221 INJURY OCCURRED (Enter noture of injury in Port I or Port 2, Item 18.)  222 Injury OCCURRED (Enter noture of injury in Port I or Port 2, Item 18.)  222 Injury OCCURRED (Enter noture of injury in Port I or Port 2, Item 18.)  223 Injury OCCURRED (Enter noture of injury in Port I or Port 2, Item 18.)  224 Injury OCCURRED (Ente	134	13a odm	USUAL RESIDENCE (Where ission) STATE Mary	deceased live land 13	red, if institution Residence before 3b COUNTY Wicomico	Salisbury		13e STREET AND NUMBER 202 N. Salist	oury Blv	d.
18. CAUSE OF DEATH (Enter only one cause per une for (a), (b) and (c)	18. CAUSE OF DEATH (Enter only one couse per une for (a), (b) and (c)		14.		don		1	Lavina			t
18. CAUSE OF DEATH (enter only one cause per one for (a), (b) and (c)  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  canditions, if ony, which gove  nee to immediate couse (c), stoting the underlying couse  (c)  DUE TO, OR AS A CONSEQUENCE OF  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN INFART I(g)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN INFART I(g)  PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED  19a. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED  21c. ACCIDENT WAS UNDERLYING    OR CONTRIBUTING   CAUSES OF DEATH	18. CAUSE OF DEATH (Enter only one cause per une far (a), (b) and (c)  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF  (c)  DUE TO, OR AS A CONSEQUENCE OF  (c)  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN BY PART 1(o)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN BY PART 1(o)  199a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED  210 ACCIDENT WAS UNDERLYING CAUSE OF DEATH?  211 ACCIDENT WAS UNDERLYING CAUSE OF DEATH  1904. ANOTH Day Year  1905. ANOTH DAY YEAR STREET, FACTORY.)  211 ACCIDENT WAS UNDERLYING CAUSE OF DEATH  1907. TO ANOTH DAY YEAR STREET, FACTORY.)  212 ACCIDENT WAS UNDERLYING CAUSE OF DEATH  1907. TO ANOTH DAY YEAR STREET, FACTORY.)  212 ACCIDENT WAS UNDERLYING CAUSE OF DEATH  1907. TO ANOTH DAY YEAR STREET, FACTORY.)  212 ACCIDENT WAS UNDERLYING CAUSE OF DEATH  1907. TO ANOTH DAY YEAR STREET, FACTORY.)  212 ACCIDENT WAS UNDERLYING CAUSE OF DEATH  1907. TO ANOTH DAY YEAR STREET, FACTORY.)  212 ACCIDENT WAS UNDERLYING CAUSE OF DEATH  1907. TO ANOTH DAY YEAR STREET, FACTORY.)  212 ACCIDENT WAS UNDERLYING CAUSE OF DEATH  1907. TO ANOTH DAY YEAR STREET, FACTORY.)  212 ACCIDENT WAS UNDERLYING CAUSE OF DEATH  1907. TO ANOTH DAY YEAR STREET, FACTORY.)  212 ACCIDENT WAS UNDERLYING CAUSE OF DEATH  1907. TO ANOTH DAY YEAR STREET, FACTORY.)  213 INJURY OCCURRED ON THE OWN INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)  1908. TO ANOTH DAY YEAR STREET, FACTORY.)  214 LOCATION STREET OF TOWN COUNTY OF THE OWN INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)  225. INDURY OCCURRED ON TOWN COUNTY OF THE OWN INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)  226. DRATE SIGNED  227. DATE SIGNED  228. DATE SIGNED  229. DATE SIGNED  220. DATE SIG		160	WAS DECEASED EVER IN L es no, or unknown)	I.S ARMED FO yes give war or da	ORCES? 16b. SOCIAL SECURITY 218-16-9	17. INFORMANT)	Daughter) a Mae Tov	) Address 31 wnsend, Salisbur	ry, Mary	1and
OR CONTRIBUTING   CAUSE OF DEATH   HOUR A.M. Manth Day Year   19   21d. INJURY OCCURRED   21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street at R.F.D. Na City of Town County State   19   19   19   19   19   19   19   1	OR CONTRIBUTING   CAUSE OF DEATH   HOUR A.M.   Manth Day Year   19   21d. INJURY OCCURRED   21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.)   21f LOCATION Street or R.F.D. No.   City or Town   County   State   County   C		NOIL	Canditions, if ony, which use to immediate coustouring the underlying lost  PART 2. OTHER SIGNIFICATION AND A PART 2.	gove gove (o), (couse)	DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF  (c)  ONS CONTRIBUTING TO DEATH BUT A				ONSIDERED IN CEI	RIIFYING
19   21d. INJURY OCCURRED   21e. PLACE OF INJURY (AT HOME FARM. STREET, FACTORY.)   21f LOCATION   Street or R.F.D. Na	19   21d. INJURY OCCURRED   21e. PLACE OF INJURY (AT HOME FARM. STREET, FACTORY.)   21f LOCATION   Street or R.F.D. Na			21a ACCIDENT WAS UN	DERLYING SE OF DEATH	21b TIME OF INJURY HOUR A.M. Manth Day Year	AE2 E	NO		ltem 18.)	
22a. 1 certify that (!) (this hospital) attended the deceased fram	22a. 1 certify that (!) (this hospital) attended the deceased fram 1968, and that in (my) (cert) apinian death occurred an the date and haur and fram the causes stated abave, (I) (we) (did) (did not) view the bady after death.  22b. SIGNATURE  ATTENDING PHYS.  DIRECTOR  STAFF PHYS  July 2/1968		WED:	(If either, natify medical 2) a. INJURY OCCURRED While Nat while	exominer) 21e. PLACE	E OF INJURY (AT HOME FARM, STREET, FA	CTORY.) 21f LOCATION Str				
	PEGREE PHYS. DIRECTOR DISTAFF DULLY 12/1968			22a. 1 certify that saw the deced causes stated	(!) (t <del>his he</del> sed alive abave, (I)	ospital) attended the deceas an_ (we) (did) (did not) view the	ed fram	my) <del>(our)</del> apinia	n death occurred an the do	60_, that ite and havr a	(I) <del>(we)</del> las nd from th
23a. BUR AL, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)			24.	FUNERAL DIRECTOR		ANY, SALISBURY,			Salisbury, Wico LEGISTRAR 256 REGISTRARS 5 1968 Reliant	SIGNATURE	iry Land



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 ं एठी है व CERTIFICATE OF DEATH L. DECEASED-NAME First Middle Last 20. DATE OF DEATH 2b. HOURD burial-transit permit. Then please remove carbon papers. Pages 7 and 2 burial, crematian, ar remaval, and in any event, within 72 hours after death (Type or print) Smiler (or Smiley) July Louis 1968 4. RACE IF JNDER 1 YEAR S DATE OF BIRTH 6. AGE (In years 1897 June 30, x1293 male . colored 70 BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED TI NEVER MARRIED law requires that the death certificate be executed within 24 has attending physician and completely filled in permit. Then please remove carbon papers. Wicomico U.S.A. WIDOWED TO DIVORCED [ Maryland 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street oddress)
Pine Bluff during most of working life, even if retired) INDUSTRY Salisbury State Hosp. 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13d INSIDE CITY GWTS? 13e STREET AND NUMBER RFD #1, Box 270 Federalsburg 15 NO to Dorchester Maryland 14 FATHER S NAME Middle Lost 15. MOTHER S MA, DEN NAME First Middle Edward Smiler (or Smiley) Lizzie Cannon 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Records of Yes, no, or unknown) ( f yes give war or dates of service) 214-38-3500 Pine Bluff State Hospital APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (o) Carcin BETWEEN ONSET AND DEATH Unknown Carcinoma of Lung DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if any, which gave ) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cousei PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(9) as been as the priar tak 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? has CAUSES OF DEATH? O FUNERAL DIRECTOR: After this certificate has director, page 3 should be detached far use should be filed with the State Dept. af Health p. YES [ NOICI 21g ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County Stote While Not while at work 22a. I certify that \$6 (this haspital) attended the deceased fram April 22, 19.68, to July 3, 19.68, that \$4) (we) last saw the deceased alive an July 3, 19.68, and that in (av) (aur) apinian death accurred an the date and haur and from the causes stated above, (4) (we) (did) (adats) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED DIRECTOR July 5, 1968 DEGREE 22d PHYSICIAN'S E. P. Ritchings, M.D. Bluff State Hospital NAME (Type) 23a BUR AL, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) BREMOYAL (Specify) July 6,1968 Cokesbury Cemetery Near Federalsburg, Maryland 24. FUNERAL DIRECTOR 250 REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 1968 J. Framptom and Son. Federalsburg, Maryland 30M REV. 1/68





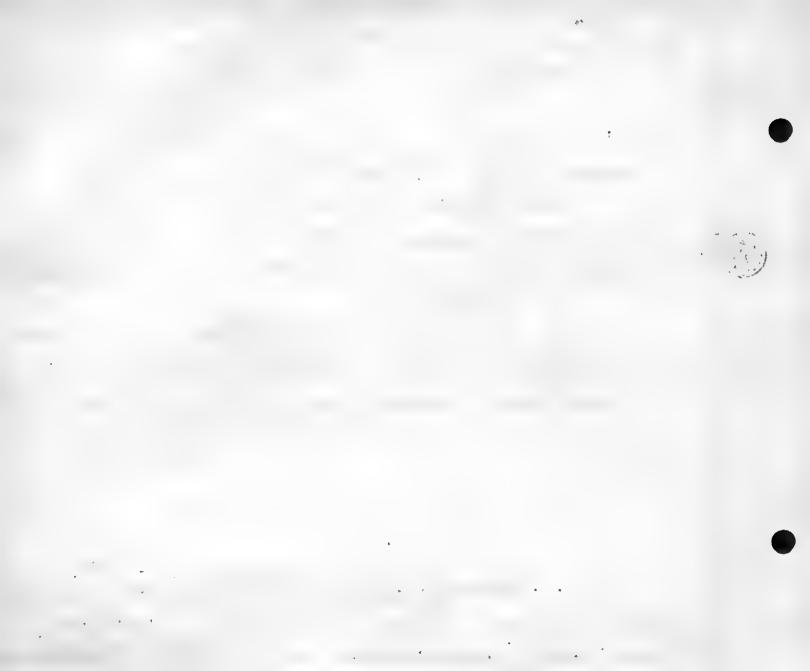
/. 1	-	MARYLAND STATE DEPARTMENT OF HEALTH  10802 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	-	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.		IN B. II	5:0Ω
deloy and 3 A3. Po	3 S ma	SEX 4 RACE S DATE OF BIRTH 6 AGE in years IF LINDER 1 YEAR IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD 2	d HOJR :15₽
s 1, 2, orm PA		BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARR ED NEVER MARRIED 9 COUNTY OF DEATH WIDOWED DIVORCED WICOMICO	Md.
hours after deoth  Office olong with form  Land 2 with the State of	10. (	Salisbury  11 NAME OF HOSPITAL OR INSTITUTION (find in haspital during most of working life, even if retired)  Salisbury  12 USUAL OCCUPATION (Kind of work dane like) working life, even if retired)  12 USUAL OCCUPATION (Kind of work dane like) working life, even if retired)  12 USUAL OCCUPATION (Kind of work dane like) working life, even if retired)  13 Indiana	SS OR
hours after deoth Item 18. Give Page Office along with I Land 2 with the Sta	13a.	a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN odmission) STATE Maryland 13b. COUNTY Wicomico Salisbury YES NO 206 W. London Ave.	
	14. 1	FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle Last Charlton Taylor Esther Noble	
	16a.	a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, ng, or unknown) (If yes give wor or dates of service) (Yes, ng, or unknown) (If yes give wor or dates of service) (16b. SOCIAL SECURITY NO 17 INFORMANT ADDRESS YES, NO. 18 INFORMANT ADDRESS YES, NO	
INER: This certificate should be executed within the certificate, writing the ward "pending" in peual should be forwarded to the Chief Medical Examinatiles.  3 should be used as a buriol-transit permit. File pagnation, or removal, and in any event within 72 hours.		18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)  PART I DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause (c).  DUE TO, OR AS A CONSEQUENCE OF  LOST.  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	ERVAL ) DEATH
This certifications, writing be forwarded be used os or removal, or	CERTIFICATION		NO []
EXAMINER: The certifico age 4 should be your files. Page 3 should be tyour files.	MEDICAL CER		State
EPUTY EDICAL EXA issory, pleose execute funerol director. Page by be retained for you neral birector: Page in prior to buriol, credit prior to buriol.		22a.   certify that   took charge of the remains described above, held on Autopsy   Inspection   Inquiry   ond in my death resulted from: Notural couses  , Accident  , Suicide  , Homicide  , Undetermined manner    ACTUAL SIGNATURE   ASSISTANT MEDICAL EXAMINER   22b DATE SIGNED    TOTAL SIGNATURE   DEPUTY MEDICAL EXAMINER   7-19-1968    NAME (Type)   Earl L. Royer, MD   Salisbury, Md.   ADDRESS(Street, city, town, or county)	opinion
TO D THE THE HEAD	230	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Salisbury, Wicomico, Md. (State Parsons Cemetery Salisbury, Wicomico, Md.	e)
VR A15ME (5) 10M REV 1/68	24	Hill Funeral Home Salisbury, Maryland   250. REC'D BY REGISTRAR   250 REGISTRA	



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Iteml?, b, e, Film 7403 8/c/6 km CERTIFICATE OF DEATH 2b HOUR A Manie Middle . DECEASED NAME Lost 2a. DATE OF DEATH (Type or pnnt) Bella Manie Timmons 10:30M 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX 6. AGE (In years last directaly) DAYS HOURS March 18, 1900 Whitem Female yd ni executed within 24 libuts 7o. BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED NEVER MARRIED Md. U.S. Wicomico WIDOWED T DIVORCED [ 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done event, within TO CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR Deer cheadStateHospital during prost of working life even if retired) INDUSTRY Salisbury 13a LSJAL RESIDENCE (Where deceased lived, f institution, Residence before 113c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE 135 COUNTY YES NO X Md. Salisbury u21 Mailes Street Temove burial, cremation, ar removal, and in any 15. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME First Middle and Fannie e be Cherix Nerris 16b SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address e attending physic permit. Then ple Yes, na, ar unknown) L.E. Timmons, Princess Anne, Md. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Recurrent cerebral vascular accident 6 Months 4120 DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if any, which gave ) (b) Hypertensive arteriosclerotic cardiovascular Years nse ta immediate cause (a), disease. DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the shauld be filed with the State Dept. of Health prior to Diabetes mellitus, 2 months. 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🖂 NO DE 21g ACCIDENT WAS UNDERLYING 215. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 23f LOCATION Street or R.F.D. No. City or Town County State While Not while at wark 22a. I **certify** that (I) (this haspital) attended the deceased from 5/20/68, 19, to 1/21/68, 19 saw the deceased alive an 1/21/68 and that in (mv) (aur) apinion death occurred on the do \_\_\_, that (I) (we) last \_, and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING PHYS MED. DIRECTOR STAFF July 27, 1968 DEGREE 220 PHYSICIAN S 27e. ADDRESS NAME (Type) P.O.Box2018, Salisbury, Md. - 21801 A. C. Mitchell, M.D. 23c Name of CEMETERY OR CREMATORY
Nazrebeth Cemetery 23b DATE 230 BURIAL, CREMATION, Shew Hill wordster, Md. 7/28/68 BEMP中与重city) ADDRESS 2So. REC D BY REGISTRAR 256 REGISTRAR'S SIGNATURE Princess Anne, Managul 1968



1	* C284	MAKTLAN DIVISION OF VITAL RECORDS,	301 W. PRESTON STREE		1201
I	tem#628 Film#G		CERTIFICATE OF D		1 .
	DECEASED-NAME First	Middle	Last	2g. DATE OF DEATH	2b. HOUR
	(Type or print)	9447	Townsend	Month	- 13 - 1968 5:40 A
3.	SEX	4 RACE	5 DATE OF BIRTH	6 AGE (In	VEGES IF UNDER 1 YEAR IF JADER 24 HRS
	Male	Negro	8/27	/I38I last birth	(dy) MONTHS DAYS HOURS MIN
70	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8 MARRIED X NEVER MARRIE		
M	aryland	USA	WIDOWED DIVORCE		Md
	CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR IN	STITUTION (If not in haspital	12a USUAL OCCUPATION (Kind of wo	ork done 126 KIND OF BUSINESS OR
	Salisbury	give street addres Deer	s Head State	during mast af warking life, even if	retired ) INDUSTRY
13	<ul> <li>USUAL RESIDENCE (Where deceose</li> </ul>	d lived, f institut an. Residence befare	T3c CITY OR TOWN 13d	INSIDE CITY LIMITS? 13e STREET AND NU	MBER
ad	mission) STATE Maryland	13b COUNTY Wicomico		ES NO K	
14	FATHER'S NAME First	Middle Last	IS MOTHER'S MAID	EN NAME First	Middle Last
	Sidney Townse	nd	Viennie	Bowen	
	SO WAS DECEASED EVER IN U.S. ARM	ED FORCES? 16b SOCIAL SECURITY			Address
L	Yes, no, or unknown) (If yes give w	If or dates of service)	Daisy To	wnsend	
	18. CAUSE OF DEATH (Enter on	y ane cause per line for (o), (b), and (c) BY	.)		APPROX.MATE INTERVAL  BETWEEN DISSET AND DEATH
П	PART (. DEATH WAS CAUSED	BY. Bronchopnes	umonia		7-10 Days
П	11/10	DUE TO, OR AS A CONSEQUENCE OF	• • • • • • • • • • • • • • • • • • • •		
	Canditians if any which gave)		hrombosis, rig	ht hemiplegia	5-6 weeks
	rise to immediate cause (a), stating the underlying couse	DUE TO, OR AS A CONSEQUENCE OF			
П	last	(d Arterioscl	erotic heart d	isease	years
	PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL D	ISEASE OR CONDITION GIVEN IN PART 1(	a)
1 2	e 4 1				
ROITENATION	190. DATE OF OPERATION 196.	ONDITION FOR WHICH OPERATION WAS PE	RFORMED 20a. AUTOPS	? 20b IF YES, WERE F	INDINGS CONSIDERED IN CERTIFYING
1 di			YES 🗀	NO [] CAUSES OF DEATHS	
		G 21b TIME OF INJURY HOUR A.M. Month Doy Year		RED (Enter noture of injury in Port 1 c	or Port 2, Item 18.)
MEDICAL	OR CONTRIBUTING CAUSE OF DEAT	er) P.M. Holsin boy redi	9		
3		PLACE OF INJURY (AT HOME FARM, STREET, FA	CTDRY,) 21f. LOCATION Street D	r R F.D No City or Town	County State
L	While Not while at wark				
П	220. I certify that (I) (thi	s hospital) attended the deceas	ed from 6/4	, 19 <b>68</b> to <u>7/13</u>	, 19 <u>_68</u> , that (1) (100) last n the date and hour and from the
П	saw the deceased a	(i) () () (did) (div ) (viv) (he	hody after death.	(our) opinion death occurred of	n the date and hour and from the
L	226. SIGNATURE / A	(1) ( SC) (CIO) MAY SALVING THE			22c DATE SIGNED
П	( WK	elunar	DEDREE PHYS	DIRECTOR DISTAFF	7/15/68
L	22d PHYSICIAN'S			Deer's Head Sta	te Hospital
	NAME (Type) C. H	. Winnacott, M. D.		Salisbury, Mary	land
23	BO BUR AL, CREMATION, 23b I	ATE 23c NAME OF	CEMETERY OR CREMATORY	23d. LOCATION (City or To	own) (County) (State)
]	PEMOVAL (Speciful	/20/68 St Ma	ry	West Pos	t Office Md
24	FUNERAL DIRECTOR	ADDRESS		SO RECID BY REGISTRAR 2SO RE	GISTRAR S SIGNATURE
100	William H.Jam	es Jr. Princess	Anne Md D	ATTUL 2 2 1868 &	Charles Judge



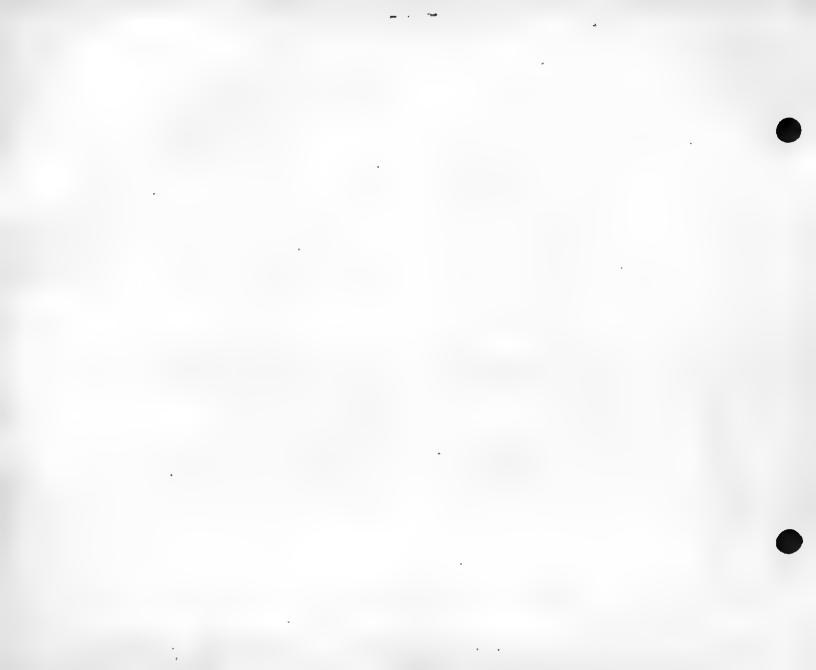
	. 60	O & DIVISI			DEPARTMENT OF RESTON STREET, BALT		1AND 21201			
FOR STATE	aba 2"	0.3			'S CERTIFICATE				613	
HEALTH DERT.	. DECEASED-NAM		irst	Middle	Last		2a DATE KNOWNI	Manth D	Day Year	2b HOJR
≈ 5 (m) (A)	(Type or Print)	F	rancis	Hareld	Tewnser	nd	OF EST - DEATH MATED	7/9	1968	M
delay and 3 fme	3 SEX	4 RACE	S DATE OF BI			IF UNDER 24 HRS HOURS MIN	2c DATE PRONOUN	ICED DEAD	Var. 0.0	2d HOUR
- 5 C	M.	W.			B YRS		Month 7	Day 11	Year 1,68	M
F 8 38	ountry) Md.	9	75 CITIZEN OF WI		1	_	unty of death Wicomi	470 40		
	O CITY OR TOWN				WIDOWED 🚮 - Đ VÓ	DRCED	CCUPATION (Kind of		26 KIND OF BUSIN	Md Mess Op
r's Office along with	Salisk			street address)	account to the accompany		washing life eyes		ND_STRY	1123 OK
alang wi w th the death	30 USUAL RESIG	DENCE (Where dece	eased lived, if nst t	ution Residence before	3c CITY OR TOWN	3d WHOE CITY LM 157	13e STREET AND N	UMBER		
should be tarwarded to the Chief Medical Examiner's Office atony files. 3 should be used as a burial-transit permit File pages I and 2 w th atian, ar removal, and in any event within 72 hours after death	admission) ST	Md.	13b COUNTY		ittsville	YES NO				
after d	4 FATHER'S NAM		M ddl		IS. MOTHER'S MA	DEN NAME First		M ddle	riner	
pages haurs		ereld EVER IN U.S. ARME	Franc	166 SOCIAL SECURITY NO		DOSTA	100	ORESS 1	THEL	
. ha	Yes, па, ar unk		lina mat ot qajez o <sub>t</sub> set/ice)	100 SOCIAL SECURITI NO	Mrs.Jee	Ashlev			FD.	
File in 72	18 CAUSE	OF DEATH (Enter	anly ane cause per l	line far (a), (b), and (c),					APPROX MATE I	HIERYA.
rimi Vith	PART	DEATH WAS CAU	ISED BY: DIATE CAUSE (a)	line far (a), (b), and (c)	rowning				BETWEEN ONSET A	NO DEATH
rites. 3 shauld be used as a burial-transit permit F attan, ar remaval, and in any event within	95	1/ X	DUE TO, OR	AS A CONSEQUENCE OF	0					
ransı		if any, which gave nediate cause (a)	(b)							
any	stating the	underlying cause	DUE TO OF	R AS A CONSEQUENCE OF						
remaval, and in		ER SIGNIFICANT CO.	NO TRANS CONTRIBUT	TING TO DEATH BUT NOT B	ELATED TO THE TERM.NAL D	TO THE THE TOTAL TO	ON CHIEN IN DART 1/	a)		
5 -	97	5×	TO TOTAL CONTRIBUTION	THE TENT OF ROLL	LEAST OF THE TERMINAL D	JUNE OR COMP IN	OH ONE HE PART I	a)		
	19a DATE O	F OPERATION		19b. CONDITION FOR WH	ICH OPERATION				20 AUTOPSY?	,
0			1						YES 🗌	NO M
	PRIMARY	AL CAUSE WAS  OR CONTRIBUTING	G   HOUR A		21c. HOW INJURY OF	CORRED (Enter nat.	ure of njury in Part 1	l ar Part 2, Item	1 B)	
	PRIMARY CAUSE OF D			M 19 (At hame, farm, street	21f. LOCATION Street	ar R F D No	City or Town		Caunty	State
	WHILE AT WORK		factory, office building		27,000,010,110,110,110,110,110,110,110,11	- 14 m 140	till a tarri		220. 1	31010
			I took charge of t	the remains described	obove, held an Auto	posy . In	spectian .	Inquiry X,	ond in my	ODIDION
, in land		resulted fram:			\_4	Homicide 🔲	Undetermine			3   11101
5	1CTILL:	0		0 0		EF MEDICAL EXAMIN	· _			
. ,	ACTUAL SIGNATUR	1/7	196	history	111,0	ISTANT MEDICAL EX		22b DATE SIG	GNED	7
λ.	EXAMINER NAME (Typ		1/2 A	Tust		'UTY MEDICAL EXAM DRESS(Street, city, to		7	. 1 2 6 8	
Health .	23a BUR AL, CRE	0 / - /	Sb DATE	23c. NAME OF C	MEMERY OR CREMATORY		LOCATION (City or 1	Iawn) (c	Caunty) (Sta	(atr
+	Buria.	gecify)	/12/68		hawkin		rincess			
7	FUNERAL DIR		1/2	ADDRESS		2Sq. REC D BY RE	GISTRAR 2Sb.	REGISTRAR'S SIG	GNATURE	
/	june	var	mna	Prince	ess Anne, M	BATE UL 1	5 1968	Charle	as Indee	



		MARYLAND STATE DEPARTMENT OF HEALTH
1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH
death. neral and 2 death.		CEASED NAME First - Middle Lost 20 DATE OF DEATH Magth Day Year 26 HOUR
the funeral	3 5	
hours of the state		BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH .  WIDOWED DIVORCED WECOMIES R. S. T. WIDOWED DIVORCED WECOMES MARRIED MAR
within 24	10	HY OR TOWN OF DEATH  II NAME OF HOSPITAL OR INSTITUTION (If not in hospital during mass of working life even if retired)  120 JSUAL ORCUPATION (Kind of work dame during mass of working life even if retired)  120 INDUSTRY
cecuted with camplately camplately was carbain by event, w		SUAL RESIDENCE (Where deceased lived, if institut an Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b/COUNTY Comico Galesbury YES NO HOTE, 12000 St
in be executed and campaign and	14	FATHER'S MAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle Lost Leven
physican physican peason aval, od		WAS DECEASED EVER IN U.S. ARMED FORCES?  85, no. or unknown) 1 yes give wer or dores of service)  217-10-2868. Decay Structure
eath ce ending nit. Th		18 CAUSE OF DEATH (Enter only one couse per land of (c)), and (c))  PART I DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSTOURNEE OF
equires that the d physician. signed by the atte burial, cremation,		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause tast  (b) Consequence OF  (c) (c)
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspiral or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by director, aggs 3 should be detached for use as the burial-transparent of the filed with the State Dept. of Health prior to burial, creating the contraction of the contraction	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
ICIAN: The law repital or attending tifficate has been of far use as the attending of Health prior to	CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY?  YES NO  206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
PHYSICIAN: he haspiral or this certificate letached for us & Dept. of Healt	MEDICAL CE	216 ACCIDENT WAS UNDERLYING   216 TIME OF INJURY   216 HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)    OR CONTRIBUTING   CAUSE OF DEATH   HOUR A.M. Month Day Year   19
<b>5 PHYSIC</b> the haspi this certi detached e Dept. a	五	21d INJURY OCCURRED While Not while of work Not
ATTENDING etained by if CTOR: After i should be d		220   certify that (I) (this haspital) attended the deceased from (19 that in (my) (our) apinion death accurring an the date and hour and from the causes stated above (I) (we) (did) (ext not) view the body offer death
HOSPITAL OR ATTENDING PHYS ge 4 may be retained by the has FUNERAL DIRECTOR; After this ce rettor, page 3 should be detache nould be filed with the State Dept.		226 SIGNATURE DEGREE ATTENDING MED. STAFF 22c. DATE SIGNED DIRECTOR PHYS 2 22c. DATE SIGNED
O HOSPITAL Page 4 may O FUNERAL director, pag		22d PHYSICIANS A. Purne MD 22e ADDRESS W main St., Salikurg, my
Page 4 m TO FUNER, director, should b	L	BUR AL, CREMAT ON, 23b DATE 23c MAME OF CEMETERY OR CREMATORY 23d (LOCATION (City or Town) (County) (State) Alexandery Delastery Wilcomics M.
OM REV	24	FUNERAL DIRECTOR DATE UL 29 1968 PEGISTRAR'S SIGNATURE DATE UL 29 1968 PEGISTRAR'S SIGNATURE



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C FOO CTATE		2000	PISIO		ECORDS, 301·W. PI						10	
FOR STATE		- U	5		CAL EXAMINER						. 17	
HEALTHADEPT.		ECEASED NAME Type or Print)	Firs		Middle	Lost		2a DATE KNOWN OF ESTI-				2b HOUR
三	`			ONZO	VINCENT		ÆRS, JR.	DEATH MATED		9	1968	17k1
en de la constant de	3 SI	EX	4 RACE	5 DATE OF BI	RTH 6 AGE	(In years IF UNDER ) YEA		2c DATE PRONOUN				2d HOUS
Opportment	-	Male	White		24, 1917 5	1 yrs		July	8°°y	Year 1	968	1:50
e e		BIRTHPLACE (State	ar fareign	76 CITIZEN OF WI	HAT COUNTRY? 8	MARRIED NEVER	MARRIED 9 CO	UNTY OF DEATH				
	coun	Mary1	and	USA		WIDOWED [	DIVORCED [	WICOMICO				М
Pag Pag ( th	10. 0	ITY OR TOWN OF	DEATH		NAME OF HOSPITAL OR INS	TITUTION (If not in hosp		CCUPATION (Kind of		125 K ND	OF BUSINE	ESS OR
after death 8. Give Pagg alang with with the Sta		Salis	bury	Pe	street oddress) eninsula Ger	neral Hospi	tal Retai	f working life ever Manager	i if refired)	Dept.	Stor	re
fter ath.		USUAL RESIDENC	E (Where deceo	sed fived, if instit	utian Residence befare	13c CITY OR TOWN	13d. INSIDE CITY GM TJ?	13e STREET AND N	IUMBER			
18. 18. 18. 2 w det	0	dmission) STATE	Marylar	d 13P COUNTY	Vicomico S	Salisbury	YES NO	R.D.#2,	Sprin	ghill	Road	d
hours after death tem 18. Give Pag Office along with and 2 with the Sta and 2 with the Sta	14 F	ATHER'S NAME	First	Middl	e Last	1S. MOTHER'S	MAIDEN NAME First		Middle		Last	
			Alonzo	٧.	Travers	, Sr.	Ethe1	Mar	ie	In	sley	
n cul i		WAS DECEASED EVE 'es, na, ar unknawi			166 SOCIAL SECURITY NO	17 INFORMANT (	(Wife)	RD2ADO	RESS Spr	inghi	11 R	oad
be executed with n "pending" in pencil lief Medical Examine, linsit permit. File page event within 72 hau	(1	Yes	(It yes give	war or dates of service)	218-12-1519	5 Mrs. 01	live B. Tra					
in T		18 CAUSE OF	DEATH (Enter ar	nly ane cause per	Ine far (a), (b), and (c) )		0	0.0		APPS	ROXIMATE INT	ITERVA.
e execute pending" of Medica sit permit		PART I DE	ATH WAS CAUSE	D BY. ATE CAUSE (a)	Fra	بستلك	of SK	le		7	بالمالية	a_
ndir Me pe		812	,2	4-7	R AS A CONSEQUENCE OF		3					
be "pe		Conditions, if ar		(b)								
ward ward the Ch rial-tro		rise to immedi- stating the unc			R AS A CONSEQUENCE OF							
should be executed with ward "pending" in period to the Chief Medical Exar burial-transit permit. File in any event within 72		lost.	, 3	(e)								
Th.s certificate should be executed with n 24 ficate, writing the ward "pending" in pencil in 15 be forwarded to the Chief Medical Examiner's ld be used as a burial-transit permit. File pages ar remayal, and in any event within 72 haurs		PART 2. OTHER S	IGNIFICANT CON	DITIONS CONTRIBUT	TING TO DEATH BUT NOT I	RELATED TO THE TERMINA	A. DISEASE OR CONDITI	ON GIVEN IN PART 10	(a)			
fica ing rdec as al, a	2	1.19 1.										
writh war war sed	ATIO	190 DATE OF OF	PERATION		19b. CONDITION FOR WI	HICH OPERATION				20. A	UTOPSY?	
Th.s c ficate, be for	CERTIFICATION				WAS PERFORMED?					Y	ES 🔲	NO
<u>_</u>		210 EXTERNAL C	AUSE WAS	21b. T ME OI	F INJURY Manth, Day, Year	21c HOW INJURY	Y OCCURRED (Enter not	ure of in ary in Part	1 or Port 2,	tem 18)	1	
INER: Tilles shauld be files. 3 shauld be files. 3 shauld if and in a shauld if a shauld i	TEDICAL	PR MARY OR CAUSE OF DEATH		HOUR A	7-8 196	8 motore	yels open	ita Shu	el By	aut	4	
AIN he sh sh as 3 s		21d. INJURY OCC	- 7	PLACE OF INJURY	(At hame, farm, street,	21f LOCATION Str		City or Town		County		State (
bical Examiners:  is execute the cert ctar Page 4 shauld ned far your files.  ECTOR: Page 3 shaul burial, cremation,		WHILE NO AT WORK AT	WORK W	ictory, office build.	ng, nc /	mange	- + week	in Sal	usling	Wic	min-	. Mi
L EX		22a. 1 c	ertify that I t	aak charge of	the remains described	d above, held an A	utapsy 🗍, In	spect an 🗶 ,	Inquiry X	7, and	in my	apınıar
Pur But a					ises , Accident					D-16	,	
aring all to			20	. /		-	CHIEF MEDICAL EXAMIN	_				
ry, ple gral di se retu tal Di		ACTUAL SIGNATURE	for	1	men/		ASS STANT MEDICAL EX		22b DATE	SIGNED		
ary nem be be		EXAMINER'S	Dr. E	arl L. Ro	oyer/\		DEPUTY MED CAL EXAM		Ju1y	10/	1968	
no DEPUTY DICAL EXAM necessary, please execute the funeral director Page 4 5 may be retained for your TO FUNERAL DIRECTOR: Page Health prior to burial, crement		NAME (Type)	409 Ca	amden Ave	e., Salisbu		ADDRESS(Street, city, to					
6 5 # 20 H	23a	BURIAL, CREMATI	ION, 23b	DATE		EMETERY OR CREMATORY	y 23d	LOCATION (City or	Tawn)	(Caunty)	tot2)	te)
2		REMOVAL (Specifical)	Ju	ıly 11,	1968 Wicomic	O Memorial	Park	Salisbury	, Wice	omico.	Mary	/lanc
. 7	24	FUNERAL DIRECTO	R		ADDRES	2	2So REC D BY RE	GISTRAR 2Sb	REGISTRARS	S GNATURE		3 31 15
VR A15ME (5)		HOLLOW	14 E C	MPANY	SALTSBURY	MARYLAND	MI 1 5	1968 1/	Charl	An Vaca	Agr.	



	1	MARYLAND STATE DEPARTMENT OF HEALTH	
1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	116
	CERTIFICATE OF DEATH		
É 7 − 6 €		CCEASED NAME First Middle Last 2a DATE OF DEATH  ype ar print)	Year 2b HOUR
death and a death		RAYMONE REVIN /U// July 6	1968 8 P M
offer offer of	3 51	mala last birthday) Ma	UNDER I YEAR IF UNDER 24 MRS NTHS GAYS HOURS MIN
	7.0		5 43
ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours stained by the hospital or ottending physicion.  CTOR: After this certificate has been signed by the attending physician and completely filled to by should be detached for use as the buriol-transit permit. Then please remove carbon papers: Pashould be detached for use as the buriol-transit permit. Then please remove carbon papers: Pashould be stated for use os the buriol, cremation, ar removal, and in any event, within V2+10015 with the State Dept. of Realth prior to buriol, cremation, ar removal, and in any event, within V2+10015	can	MAKKIEU NEVEK MAKKIEU	comico Md
	10	ITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital 12 n USUA OCCUPATION (Kind of work done	125 KIND OF BUSINESS OR
with w		Salis bury Peninsula General Hospital working ife, even if retired)	INDUSTRY XX
Realth prior to buriol, cremation, or removal, and in any event,	13a.	ISBNA RESIDENCE (Where deceased fixed if institution Per dense before 13r CITY OF TOWN 11H INSIDERITY UNITS 130 CITYEST AND N IMBED	
n any eve		WERKSTAND MONCESTEN XX 100 100 100	
_	14	ATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle	EW15 lost
pur	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT Address	- 17 1/3
di, c		(es, na, ar unknawn) (If yes give war or dates of service) × WAYNE TULL WHALEY	ILLLE Md.
ő E		18 CAUSE OF DEATH (Enter anly one cause per time for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
permit. Then please ion, or removal, and i	l	PART I. DEATH WAS CAUSED BY:	
on, (		DUE TO, OR AS A CONSEQUENCE OF	
buriol, cremati	1	Conditions, if any, which gave nose to immediate cause (a). (b) Multiple analysis	
cren	1	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
		lost. (c)	
,		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
	8	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Da. AUTOPSY? 2Db. IF YES, WERE FINDINGS CONS	IDEPED IN CEPTIFYING
X	CERTIFICAT	YES NO CAUSES OF DEATH?	DERED IN CERTIFIED
1		210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Hen	1 18)
	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 19	
	Æ	214 IN IDV OCCUPATION 216 PLACE OF INJUDY CATHOME FARM STREET FACTORY 1 216 LOCATION Street of R.E.D. No.	aunty State
		at work at work	
		22a <b>I certify</b> that (I) (this haspital) attended the deceased fram, 19, ta, 19 saw the deceased alive on19, and that in (my) (aur) apinion death accurred an the date	, that (I) (we) last
==		saw the deceased alive on	and haur and from the
should be filled with the Stote Dept. of		22b SIGNATURE	
, pa		William C. Morgan DEGREE PHYS DIRECTOR DIRECTOR DIPHYS DI	7/68
		22d PHYSICIANS NAME (Type) 11/1/2m C Magazian (Centary)	lubury ml
	70	William Content of the Content of the second	(13 17 C/14 ///d
h	230	DEMOVES (C	county) (State)
M	24	FUNERAL PIRECTOR 250 REC'D BY REGISTRAR 256. REGISTRAR'S SIG	NATURE
8	1	- 1 to Whales I Were ille 10 1 DATE 1111 - 9 1968 Clean	as Indee.



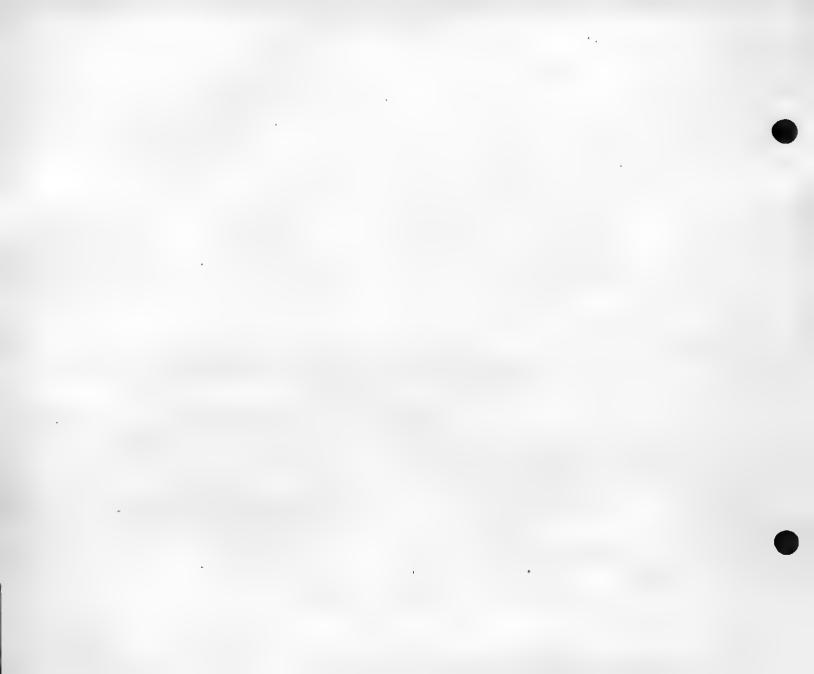
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First 20 DATE OF DEATH requires that the death certificate be executed within 24 hours after death (Type or print) GODIAND 6. AGE MALE Sept. 12, 1894 7a BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED TO NEVER MARRIED country)Maryland Wicomico USA DIVORCED ( WIDOWED [ 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 126. KIND OF BUSINESS OR General Hospitoning most of working if e even if retired) Seafood burial, crematian, ar removal, and in any event, with Salisbury 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER Somerset Rhodes Point 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME First Middle Middle Charlotte Messick Andrew Tyler 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 165 SOCIAL SECURITY NO. 17 INFORMANT Yesano, ar unknown) Mrs. Ollie Tyler, Same as 13 abcde 18 CAUSE OF DEATH (Enter only one couse per fine for (o), (b), and (c))
PART I DEATH WAS CAUSED BY BETWEEN ONSET AND DEATH bremia - renol Conditions, if any, which gove ) burial-transit rise to immed ate couse (a) stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION G VEN FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health priar ta 90 DATE OF OPERATION 195 CONDITION FOR WHICH OPERATION WAS PERFORMED. 20e AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 23e. PLACE OF INJURY (AT HOME FARM STREET FACTORY) 2.1 LOCATION Street of R.F.D. No. City or Town County Stote While Mot while 22a. I certify that (I) (this hospital) attended the deceased from... \_\_\_\_, and that in (my) (our) opinion death occurred on the date and have ond from the causes stated above, (I) (we) (did) (did nat) view the body after death 226 SIGNATURE 22c DATE SIGNED -ATTENDING DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S William P. Sadler, MD NAME (Type) Salisbury, Md. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o. BURIAL, CREMATION. 23b. DATE (County) Bu PENOVAL (Specify) 7/14/68 Crisfield, Somerset, Md. Sunnyridge Cemetery 2Sb. REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR 1968 Bradshaw & Sons, Crisfield, Md.







1	It 17-	tems 18,22a film 402 MARYLAND STATE DEPARTMENT OF HEALTH -17-68 mt DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	20					
FOR STATE	′	1212 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	51)					
HEALTH-DEPT.		DECEASED NAME First Middle Last 20 DATE KNOWN Month	Oaγ Year 25 HOUR					
= \$ \$ 178			7-6819 10 M					
deloy and a selection of the selection o	3 5		Yeor 19 68 3:15M					
d dund		BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARR ED NEVER MARRIED 75 COUNTY OF DEATH WIDOWED DIVORCED WICOMICO	Md					
ve Page With fife the State		CITY OR TOWN OF DEATH 11 NAME OF MOSP TAL OR INSTITUTION (If not in haspital 12a USUA, OCCUPATION (Kind of work done 1	12b KIND OF BUSINESS OR					
after 8. Gi alanç with leath	13a	USUAL RES DENCE (Where deceased lived, if not tution: Residence befare 13c. CITY OR TOWN 13d HISIDE CITY LIMITS? 13e STREET AND NUMBER admiss on) STATE 13b COUNTY WICCOMICO BUANTICO YES NO 77, 349						
haurr Item Office after	14.	FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle  SARAH ROB	BERTSON					
1 within 24 n pencl in Examiner's File pages n 72 hours		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT ADDRESS						
d within in pencl Examin File pag	L	Yes, no, or unknown) (Il yes give war or dates of service) 221-10-646/ SANDY 17. WATERS OUNN						
should be executed with ward "pending" in pertain the Chief Medical Example burial-transit permit. File In any event within 72		18 CAUSE OF DEATH (Enjer only one cause per one for (a), (b) and (c)) PART I. DEATH WAS CAUSED BY: IMMIDIATE CAUSE (a) Acute Trachea broachitis	BETWEEN ONSET AND GEATH  d.ys					
be executi "pending" nief Medica ansit permi		DUE TO, OR AS A CONSEQUENCE OF						
be 'p'		Conditions if any, which gave (b) Cor Fulmonale	iears					
outd ward he Ch ial-tro any		stoting the under ying couse DJE TO, OR AS A CONSEQUENCE OF lost.						
sho the w ta th buri d in	1	(c) Tamper) bomes						
ficate sing the ded ta	_	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)						
This certificate should be executed within cate, writing the ward "pending" in pencil be farwarded to the Chief Medical Examine I be used as a burial-transit permit. File page or remaval, and in any event within 72 hour	CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?  YES X NO					
E_ B 0		210 EXTERNAL CAUSE WAS PR MARY OR CONTRIBUTING HOUR AM PM 19						
bical Examiner: se execute the certi- ctar. Page 4 shauld ned for yaur f.les. ECTOR: Page 3 shaul i burnal, crematian,	MEDICAL	21d INJURY OCCURRED 21e, PLACE OF INJURY (At home, form, street, while most white most white factory, affice building, etc.)	County State					
		22a. I certify that I took charge of the remains described above, held an Autopsy (X), Inspection (X), Inquiry (X).	and in my apinion					
ICAL I executor. Post for ed for CTOR: burnal		death resulted from: Natural causes . Accident . Suicide . Hamicide . Undetermined manner	and in my aparton					
Try blease ereal director be retained RAL DIRECT prior to bu		CHIEF MED CAL EXAMINER						
y, plec rral dir A Dilli		ACTUAL SIGNATURE  M.D. ASS STANT MEDICA. EXAMINER   226 DATE SI						
Sary uner UNER		FIAMINEK'S	y 11, 1968					
o DEPUTY SICAL R necessary, please exect the funeral director. Po 3 may be retained for 6 FUNERAL DIRECTOR: Health prior to burial,	0.0	NAME (Type) 409 Camden Ave., Salisbury, MORESS(Street, city, town, or county)  BURAL CREMATION. 1236 DATE 230 NAME OF CEMETERY OF CREMATORY 1236 LOCATION (City of Town)	(faunty) (fa.t.)					
5 5	230	PEMOVAL (Specific)	(County) (State)					
VR A15ME TYPE	24		GNATURE CONTRACTOR					



	Salisbury	Penir	isula Gen	era1	Hospita	1 during most of	oyed ite,
	13o. USUAL RESIDENCE (Where deceos odmission) STATE Maryland	ed lived, if institution: 13b. COUNTY Wic	Residence before		sbury	YES NO NO	13e STREET
f	14. FATHER S NAME First William	Middle	Westfa	11		Anna Anna	M
	160. WAS DECEASED EVER IN U.S. ARM Yes no grunknown) ("Tre gran	AED FORCES? 16b	SOCIAL SECURITY N			rother=ir	
	I8. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE)  Conditions, if ony, which gove tise to immediate couse (o), storing the underlying couse lost  PART 2. OTHER SIGNIFICANT COM-	DBY: OTE CAUSE (o) DUE TO; OR AS A  (c)  (b)	CONSEQUENCE OF		O THE TERMINAL	DISEASE OR CONDIT	ION GIVEN IN
X	190. DATE OF OPERATION 19b.		MCCE 1714 C. A. NOTION FOR WHICH OPERATION WAS PERFORMED			PSY?	20b. IF YES, CAUSES OF I
1	216. ACCIDENT WAS UNDERLYIN	The state of the	URY	21c H	OW INJURY OCC	URRED (Enter notu	re of injury in

directar, page 3 shauld be detached far use as the buital-transit permit. Then please remove carban pakers inhould be filed with the State Dept. af Health prior ta burial, cremation, or removal, and in any event, within 72 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician dispersion and a charifd he detached for use as the burial-transit permit. Then please burial-transit permit. Page 4 may be retained by the haspital ar attending physician. PART 1(c) WERE FINDINGS CONSIDERED IN CERTIFYING DEATH? Port 1 or Port 2. Item 18.) (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY. 1 21F LOCATION City or Town Street or R.F.D. No. County Stote While Not while at work of work 22a I certify that (1) (this hospital) attended the deceased from 2219 (and that in (my) (aur) opinion death occurred on the date and hour and from the saw the deceased alive an couses stated obove (1) (we) (aid) (did not) view the body after death 22b SIGNATUR 22c. DATE SIGNED STAFF July 27 DEGREF DIRECTOR 22d. PHYSICIAN'S 22e, ADDRESS NAME (Type Medical Center, Salisbury, David J. Gilmore Maryland 23c. NAME OF CEMETERY OR CREMATORY 230 BUR AL, CREMATION 23b DATE 23d LOCATION (City or Town) ((county) (State) REMOVAL (Spec fy) July 25, 1968 Kew Gardens, New York Maple Grove Cemetery

VR A15 (4) 30M REV 1768

24. FUNERAL DIRECTOR

death.

funeral I and

and campletely filled

within 24 hours after death

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

HOLLOWAY & COMPANY, SALISBURY, MARYLAND

25o. REC'D BY REGISTRAR

DATE JUL 2 4

1968

25b REGISTRAR'S SIGNATURE

AM



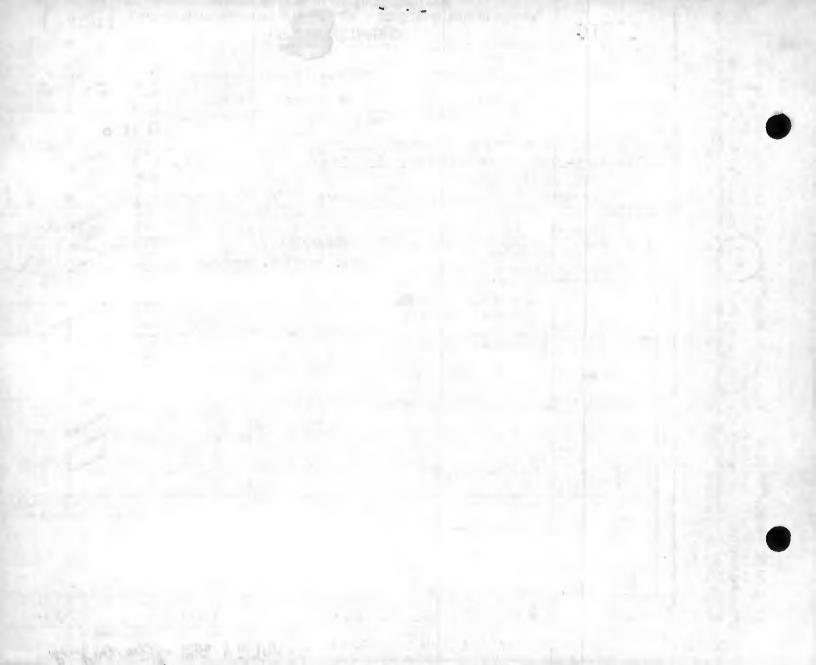
	1	MARTLAND STATE DEPARTMENT OF HEALTH
	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
		CERTIFICATE OF DEATH
57.75	1 DE	CEASED-NAME First Middle Last 20 DATE OF DEATH 2b. HOUR
ZA TATE	(1	Month Poy Year 4 1/5
FIVA 9 E	<u> </u>	THE STIFF CHILLIPS WHEN HEY DOWN & 1768 10 /2"
\$ \$7.2 \$	3 SE	local high heart MANUEL MANUEL MILE
urs aft y the Pages urs aft		EMALE VYHILE 9/8/878 69 YRS
hours in by srs. Pe	7o 1	BIRTHPLACE (Stote or foreign 7b CIT-ZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH
n 24 ha illed in 1 popers.	(00)	MARILAND USA WIDOWED DIVORGED WICOMICO Md
Illec	10 (	TY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 LSJAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR
The low requires that the deoth certificate be executed within 24 hours offer deoth attending physician. The following physician and completely fulled in by the fune of se as the bur al-transit permit. Then please enough corbon popers. Pages and the prior to burial, cremotion, or removal and in any event, within 72 hours after deoth	S	alisbury - Peninsula General Hospital during most of working life, even if cettred)   INDUSTRY
d v	130.	US_AL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER
comp comp nove ny eve	odm	"MARYLAND ISODOWECHESTER GALESTONN YES NO RFD SEAFORD DEL.
axe xe	14 1	ATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle Lost
8 8 8 E	1 2	LBANY B. ESKRIDGE LAURA AND PAUNE
ore b	160	WAS DECEASED EVER IN L.S. ARMED FORCES?   16b SOCIAL SECURITY NO   17 INFORMANT Address
		es no or unknown) (If yes give war or dates of service) 221-34-330/EDWARD L. WHEATLEY RFD. SEAFORD DEL
ph ph love		APPENYAGE MINDVAL
en ind		18 CAUSE OF DEATH (Enter only one couse per the for (a), (b), and (c)) PART 1 DEATH WAS CAUSED BY
end mitt		PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Central Thrombosis & Right Hunglegia
oth oth		DUE TO, OR AS A CONSEQUENCE OF
t the		Conditions, if only, which gave) rise to mined ate cause (a).  (b) Lycenten Sive Can drovasculur Cisters end
tha In. In. In.		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF
siciles ol, o		(c) 1) 10 hetes Me. 145
phy prince		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
HYSICIAN: The law requires the hospital or attending physician. I certificate has been signed by other for use as the bural-tron spt. of Health prior to burial, cree	z	4 43 x
low be to	AT0	190 DATE OF OPERATION 195 CONDITION FOR WHICH OPERAT ON WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
after a part of the part of th	CERTIFICATION	YES NO CAUSES OF DEATH?
or or us	¥	210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, tem 18)
Tale State	ਤ	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Yeor (If either, natify medical examiner) P.M. 19
Spired and the control of the contro	MEDICAL	
h lis of hood		While Not while \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
de t # for		
Afte by Story		22a. I certify that (i) (this hapitel) attended the deceased from 7-2-7, 1968, ta 7-27, 1968, that (i) (see) last saw the deceased alive an 7-26, and that in (my) (see) apinian death accurred an the date and haur and from the
the did in the		causes stated abave, (I) (we) (aid eat) view the bady after death.
<b>A</b>		225 SIGNATURE 220 DATE SIGNED
dw dw		There are C. Helf DEGREE PHYS DIRECTOR D STAFF DIRECTOR D PHYS D July 27, 1968
		22d. PHYSICIAN'S 22e. ADDRESS
RA be		NAME (Type)
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate the Poge 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician director, page 3 should be detached for use as the bur al-transit permit. Then please should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and	230	BURIAL, CREMATION, 236 DATE 23C NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)
Pog Hog Sho	-03	BURIAL 7/29/1968 GALDSTOWN GALDSTOWN, AD
5-5	24	FLINERAL DIRECTOR ADDRESS 250 REC D BY REGISTRAR 2 SSb. REGISTRAR S SIGNATURE
VR A15 (4) 30M REV 1/68	N	ENNAMFUNERAL HIME SHARPTOUN, MED DATUL 30 1968 PCharles Queses
	111	The state of the State of the land of the



	1	MARYLAND STATE DEPARTMENT OF HEALTH	
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  CERTIFICATE OF DEATH	23
		ECEASED NAME First Middle , Last 2a DATE OF DEATH	Year 10 / n_m
	3 \$		ER I YEAR IF UNDER 24 HRS.
		BIRTHPLACE (State or foreign Md. Tb. CITIZEN OF WHAT COUNTRY?  Md. USA  WIDOWED DIVORCED  9. COUNTY OF DEATH WIDOWED DIVORCED  Wicomico	Md.
1,	5	Salisbury-Peninsula General H. spital Guring most of topic of seven if retired)	KIND OF BUSINESS OR DUSTRY CESTURANT
1	13a adn	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13d HASIOE CITY LIMITS? 13e STREET AND NUMBER 13SION) STATE 1/10. 13bx FQUINTO Salisbury 1/15 NO X 405 Pacific A	we.
1	14	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle  John W. Corkvan Mary	Rhodes
	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address (As no or unknown)   (If yes give wer or dotes of service)	as # 13
		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  PART DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause  DUE TO, OR AS A CONSEQUENCE OF	APPROXIMATE INTERVAL BETWEEN CASET AND DEATH
,	CATON	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  190 DATE OF OPERATION 196 COND.T.ON FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDER CAUSES OF DEATH?	RED IN CERTIFYING
X	MEDICAL CERTIFICAT	YES   NO	
		2 d IN-URY OCCURRED 21e PLACE OF INJURY (AT HOME FARM STREET, FACTORY.) 21f. LOCAT ON Street or R.F.D. No City or Town Cour While Not work at work 22o. I certify that (I) (this haspital) attended the deceased from 1965, and that in (my) (our) opinion death occurred on the date on	_
		causes stoted above (1) (we) (did) (did not) view the body after death.  22b. SIGNATURE 22c. DATE SI	
in S	23.0	22d PHYSKIAN'S JChN BULKELEY S. Salis Blue & PINE Bluf F. Rd. S	SALISBURY MA
		REMOVED 7-28-1968   Wicomico Mem. Park   Salisbury	Nd.
68/)	24.	FUNERAL DIRECTOR SALISBUTY . Md. 250 RECD BY REGISTRAR 256 REGISTRAR'S SIGNA DANUL 29 1968	Judge



	1			DEPARTME			
		10816 DIVISION OF VITAL REC		ICATE OF D		E, MAKTEAND 21201	10824
	1. D	ECEASED-NAME First Midd	dle	last	20.	DATE OF DEATH Month Day	Yeor 26, HO
	3. 5	Herpeni -	W	S. DATE OF BIRT	TH TH	6. AGE (In years	IF UNDER 1 YEAR   IF UNDER 24
	N	1 cat to		Decembe	r 1, 1916	I I A FORE I A	MONTHS DAYS HOURS
	70.	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY only)	MINN	ED X NEVER MARRI	ICD	INTY OF DEATH	44.
		Pennsylvania USA	WIDOW TAL OR INSTITUTION			Wicomic  JPATION (Kind of work done	12b. KIND OF BUSINESS OF
9	2	Balisbury-Peninsulanden	ral Hos	spital	Poultr	vorking life, even if retired.)	INDUSTRY Poultry
100		USUAL RESIDENCE (Where deceosed lived, if institution: Residence ission) STATE Maryland 13b. COUNTY Wicomic	e before   13c, CITY		YES NO	13e. STREET AND NUMBER	a .
1	124	FATHER'S NAME First Middle	lost	isbury		Woodland Roa	Lost
E	1.		rman	13. montex 3 mass	Jennie	mode	Musicant
	160	. WAS DECEASED EVER IN U.S. ARMED FORCES?  (465, ng, or unknown) (14 yes give wor or dates of service)	SECURITY NO.	17, INFORMANT (W	ife)		odland Road
		unknown		Mrs. Pear	1 R. WOO!	man, Salisbur	y, Maryland
		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) PART I. DEATH WAS CAUSED BY:	), and (c).)	1			APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
		IMMEDIATE CAUSE (o)	arking.	(active)	1		
		Conditions, if ony, which gave	JENCE OF		e sular	121	
		rise to immediate cause (0).	-	40caraa	1/		
		storting the underlying cause last.	Semelia	lac / Be	Suborce	la Bence.	
	2	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT	TH BUT NOT RELATE	D TO THE TERMINAL	DISEASE OR CONDITI	ON GIVEN IN PART I(a)	
2	CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	20a. AUTOP:	SY?	20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	DNSIDERED IN CERTIFYING
	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Do (If either, natify medical examiner) P.M.		. HOW INJURY OCCU	RRED (Enter noture	e of injury in Part 1 or Part 2,	Item 18.)
	ME	21d. INJURY OCCURRED While Not while of work of twork	IG, ETC.			City or Town	Caunty Stat
		22o. I certify that (I) (this hospital) attended the saw the deceased alive on couses stated above, (I) (we) (did) (did not) vi	deceosed from	ond that in (my er death.	) <del>(our</del> ) opinion	to	te ond hour ond from
		22b. SIGNATURE	Den v.	ATTENDING	MED. DIRECTO	- CYACC	DATE SIGNED
1	П	22d. PHYSICIAN'S Same 7	A Start Will	PEGREE PHYS.  22e. ADDR		R U PHYS. U J	uly 22, 1968
E		NAME (Type) Dr. James L. Cliffe	Ad		icil (	eles Sales	bes 190
	230	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NAME OF CEMETERY	OR CREMATORY	23d.	LOCATION (City or Town) iladelphia	(County) (State)
	24.	FUNERAL DIRECTOR HOLLOWAY & COMPANY, SALISBU	ADDRESS		2Sa. REC'D BY REGI		
68		HULLUWAT & CUMPANT, SALISDO	ו אורעון פו אוכ	L-111 L/	DATE III 9	1 146H ////	Ma. Ondas



MAKTLAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10825 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Lost First 2a. DATE OF DEATH 2b. HOUR and 2 death. funeral I and er death (Type or print) THOMAS H. WYATT, JR. 4. RACE 3. SEX 5. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR executed within 24 hours after last birthday) Male AN White 70. BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED T NEVER MARRIED country) within 72 h WICOMICO WIDOWED IT DIVORCED T ompletely filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address Read State Hespital during mast of working life, even if retired) INDUSTRY Salisbury 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13H INSIDE CITY HANTS? 13e STREET AND NUMBER Maryland 135 COUNTY YES NO Denten 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First Middle Last ATTSK requires that the death certificate be 17. INFORMANT 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Address Yes, no, n unknown) KAUGH 400 burial, crematian, ar remaval APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (g) Aspiration pneumonia l week DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if ony, which gave ) Parkinson's disease Years nise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) detached for use as the te Dept. of Health prior to ganglion surgery Post basal 19n. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20c. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES T O FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 ar Part 2, Item 18.) ATTENDING PHYSICIAN: OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) director, page 3 should be detache should be filed with the State Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY, ) 21f. LOCATION Street or R.F.D. No. City or Tawn County State While Nat while at wark 22a. I certify that (1) (this haspital) attended the deceased from Pebruary 20, 1965, ta July 16, 1965, that (1) (we) last saw the deceased alive an 1965, and that in (14) (aur) apinian death accurred an the date and haur and from the Page 4 may be retained causes stated above, ( (we) (did) (did) view the bady after death 22c. DATE SIGNED 7/17/68 DIRECTOR PHYS. 22d. PHYSICIAN 22e. ADDRESS Mary Land A. C. Mitchell, M. Deer's Mead State Mespital, Salisbury LOCATION (City or Town) (County) TON 25b. REGISTRAR'S SIGNATURE ADDRESS 2Sq. REC'D BY REGISTRAR DAJUL 2 2 1968 30M REV. 1/88

